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# Personal Perspectives About Sustaining Inclusion in School Environments for Children wih High Functioning Autism

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2016

# Abstract

# Personal Perspectives About Sustaining Inclusion in School Environments for Children with High Functioning Autism

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MA, Roosevelt University, 1976

BS, Roosevelt University, 1974

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education

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January 2016

# Abstract

Students at a partial hospital setting in Western Tennessee with high functioning autism spectrum disorders (HFASD) were being removed from general education classrooms. Researchers have indicated that restrictive settings preclude interaction with neurotypical peers and access to general education experiences. The purpose of this case study was to examine educational inclusion for children with HFASD from the perspective of 2 teachers, 2 therapists, and 2 parents of students at the distirct site. This study was grounded in the principles of social learning theory and theory of mind, executive function, and central coherence processes. The guiding research questions focused on how parents, teachers, and therapists perceived behavior and social skills of the child with HFASD could be supported and developed in inclusive environments and what support was needed to foster inclusion of students with HFASD. Individual interview data were transcribed, open coded, and thematically analyzed. Findings included 3 primary themes: providing support in inclusive groups, helping included students develop relationships with those who are different from themselves, and considering the individual nature of the children. The participants also noted that orientations were needed for peer group, parents, and teachers. Implications for positive social change include providing recommendations to the local district on how to best support inclusion.

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# Dedication

This work is dedicated to the families, therapists, and teachers who champion diversity and acceptance of all children thereby creating an enriched inclusive society.

# Acknowledgments

I would like to thank Dr. Wendy LaRue, Dr. Kelley, and Dr. DiMarzo for seeing me through to the successful completion of my research and project. Additionally, I want to thank my children C.J., Kaycee, Kirby, and Nicholas, as well as Christina and Heath for their support and my grandchildren, Lily, William, Luke, Walter, and Abigail, for the much-needed pleasant diversion to refresh and move forward. To my daughter Kelli, my special thanks for being that critical professional eye that provided necessary technical feedback and last but not least my husband, Christopher, for his endless support and honest feedback throughout the development of this paper. My mother always said I could do anything; so thanks to you too Mom, for being right, again.

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# Section 1: Introduction to the Study

## Introduction

Children with high functioning autism spectrum disorders (HFASD), until recently referred to as Asperger's syndrome (American Psychiatric Association, 2013), are often identified as having emotional and behavioral issues. Children with HFASD have poor social awareness and compromised abilities to navigate social scenarios that they encounter daily in home, school, and activity settings; often these children are viewed as having behavioral problems (Attwood, 2007; Baker, 2003). These difficulties may disrupt educational environments and breech policies that identify certain verbal and physical behaviors as intolerable in educational settings (Darretxe & Sepulveda, 2011). In this study, I focused on ~~a~~ school district in Western Tennessee and opinions about sustaining the inclusion of children diagnosed with HFASD in school settings. I wished to examine the challenges involved in sustaining inclusive placements for these children in general classroom environments and being programmed into more restrictive settings due to behavioral issues (Bandura, 1986; Crosland & Dunlap, 2012; McMaster, 2013).

## The Local Problem

At the local study site, an increasing number of students with HFASD are being confronted with removal from general education classrooms to placement in more restrictive settings as indicated by the admission records of a partial hospital setting in a school district in Western Tennessee (Hospital Admission Records 2007-2010). These students, in more restrictive settings, miss opportunities to interact with their neurotypical peer group and general education classroom experiences that could foster incorporation into the mainstream (Ainscow, 2007; Cammuso, 2011). If children diagnosed with HFASD cannot maintain themselves with expected classroom decorum, they stand to lose opportunities of inclusion in general educational settings (City/ County Handbook, 2011, 2012). An inclusive environment is the best place to foster development of coping strategies in the mainstream (Crosland & Dunlop, 2012). Limitation or exclusion from general education settings place children with HFASD into classrooms that may not encourage the development of social skills that will aid in assimilation to society (Attwood, 2007; Sansosti & Sansosti, 2012; Sticher, O'Conner, Herzog, Licheimer, & McGhee, 2012).

There has been a rise in the incidence and prevalence of autism spectrum disorders (ASD), which affects schools (Griswold, Barnhill, Myles, Hagiwara, & Simpson, 2002; Ryan, Hughes, Kalsyannis, McDaniel, & Sprinkle, 2011; Wing & Potter, 2002). Autism Speaks (2009) stated that ASD prevalence is on the rise with "a 600% increase in prevalence over the past two decades" (p. 1). The increase of ASD occurred due to changes in diagnostic procedures, which account for as much as 25% of the reported increase in prevalence (p.2). The Autism and Developmental Disabilities Monitoring Network revealed that 1 in 88 children has a diagnosis of ASD (as cited in Baio, 2012). According to the State Report Card for Tennessee (2009), the enrollment of children with autism in schools increased during the 2008-2009 school year. Similar increases, if not slightly higher, are reported for a school district in Western Tennessee (2008, 2009). Included in these reported numbers are children diagnosed with HFASD. HFASD is not singled out in reported numbers, but rather is included in overall statistics (*DSM-V*, 2012). Many children diagnosed with HFASD, being served in the school system, are placed in inclusive educational settings (Attwood, 2007; Coyle, 2011; deBoer, Piji, & Minnaret, 2011; Sticher et al., 2012; Tobias, 2009). Many of these children, however, are experiencing increasing problems with behaviors that breech established rules and regulations of the school district (Hannan, 2012). There are many possible factors contributing to this problem.

Children diagnosed with HFASD have compromised social skills, which makes it more difficult for these children to adapt to the daily demands of an active classroom (Attwood, 2007; Baker, 2003). School district policies that define behaviors used to adjust placement for children in general education affect those diagnosed with HFASD (City/ County Schools, 2010). If a child diagnosed with HFASD exhibits behaviors that a policy defines as unacceptable in the classroom, the child may be removed from the classroom until a hearing is conducted to determine how the incident must be addressed by behavior programs, classroom support, or moving to a more restrictive educational placement (City/County Handbook, 2010). HFSAD who have problems with successful assimilation in general education classes may further affect sustained inclusion in general education classrooms (Bondy, Ross, Gallingane, & Hambacher, 2007; Frost, Elmer, Best, & Mills, 2010).

This study contributes to the body of knowledge needed to understand the inclusive experience by seeking feedback from parents, teachers, and therapists who work with children diagnosed with HFASD in a school district in Western Tennessee. The increasing numbers of children with HFASD in this district may be contributing to challenges in sustaining inclusive placement. Some of the issues that arise from the compromised social skills of a HFASD are defined as unacceptable in the school district's behavioral policies (City/County, 2010), which may confound inclusive initiatives. Soliciting the input of parents, teachers, and therapists of children diagnosed with HFASD regarding their perceptions about behaviors and sustaining inclusive educational placements will give voice to issues that need to be addressed to make educational environments productive for all. As learning and social communities grow in their understanding of HFASD, social change will evolve with the successful incorporation of the people with HFASD into mainstream society, thereby effecting real social change.

## Rationale

### Evidence of the Problem at the Local Level

According to the admission records of a partial hospital setting that works with children who have social and emotional issues in Western Tennessee, many children are being admitted who seek diagnosis and/or behavioral recommendations for building and sustaining inclusive placements in schools as they are faced with possible suspension or expulsion from their classrooms due to behavioral issues. Admission records reflect that, in 2008, 27% of the children (12 years and younger) admitted for treatment for problematic school behaviors were diagnosed with HFASD. Figures for 2009 reflected that 34% of admissions were diagnosed with HFASD. By 2010 there was a jump to a 44% admission of children ages 12 and younger being diagnosed with HFASD. In 2011, 41% were diagnosed with HFASD and, in 2012, 50%. Children who are terminated from inclusive placements are sent to more restrictive settings, which place them in classrooms that have less contact with and fewer demands of a regular educational environment (City/County Handbook, 2010). This approach to addressing behavior issues curtails opportunities that allow children diagnosed with HFASD to develop the social skills necessary to manage themselves in mainstream society by limiting their opportunities to interact with their neaurotypical peers (Bondy et al., 2007; Ghamrausi, 2011). Legislation such as the Americans with Disabilities Act (1990), Individuals with Disabilities Education Act (1997), and Section 504 are intended to assure children with challenges the least restrictive placements in educational settings, but due to behavioral issues arising for some children diagnosed with HFASD, the continuation of inclusive placements may be effected (Hannan, 2010; James & Freeze, 2006; Taylor, 2010). There is insufficient research on the personal challenges related to inclusion. In this study, I focused on discovering the experiences that lead to the continued inclusion of children diagnosed with HFASD in their school settings. An interview and journaling by parents, teachers, and therapists of children diagnosed with HFASD provides an opportunity for them to share insight to the behavioral and inclusive experience and to identify successes as well as concerns about the challenges the children face in inclusive placements in educational settings.

## Evidence of the Problem from the Professional Literature

The patterns of atypical behaviors that are introduced to an educational environment due to a diagnosis of HFASD may range from reclusive, withdrawn behaviors to verbal and physical acting out behaviors (Cashin & Barker 2009; Sansosti, 2012; Sticher et al., 2012). These problems must be addressed in the educational setting to encourage compliance with behavioral policies set forth by a school district, thereby securing inclusive placement. Children diagnosed with HFASD frequently manifest problems in social interaction (Attwood, 2007; Mazefsky & Oswlad, 2006; Rao, Beidel, & Murray 2007; Walton & Nel, 2012.). As identified by the American Psychiatric Association (2012), two symptoms of an HFASD diagnosis include difficulties with interpretation of nonverbal communication and significant impairment in social functioning, and difficulty with awareness that will control reactions or inhibit actions in response to the immediate social situation (Attwood, 2007; Crosland et al., 2012; Symes & Humphrey, 2010). These social problems affect the daily life of HFASD by confounding their development with their family, personal, school, or work relationships (Blandford, 2013; Lee & Carter, 2012; Nohmias, Kase, & Mandell, 2014).

Awareness of age-appropriate responses to social situations (i.e., waiting your turn, allowing others to direct conversation, not having a tantrum when told no, etc.) is necessary for social conduct in a variety of social situations. Appropriate response to peer pressure (i.e., seeking the help of an adult when frustrated by others, avoiding hitting or arguing when disagreement occurs) is required to react acceptably to social situations (Biggs, Jo, Simpson, & Gaus, 2010; Samson, Huber, & Ruch, 2011). These, as well as reasonable responses to humor or teasing and bullying, are areas that may present challenges for a child diagnosed with HFASD (Attwood, 2007; Humphrey & Symes, 2011; Samson et al., 2011). Due to the documented rise in services needed by children on the autism spectrum being provided by school systems, input is being sought by parents, teachers, and a therapist of children with HFASD to address behavioral issues (Baker, 2003; Baumont & Sofronoff, 2008; Cullen, 2010; Forlin, 2010). Effective information and strategies are needed for children with HFASD to secure inclusive educational environments.

Best practices are needed to build awareness and opportunities for inclusive experiences as soon as early intervention programs (Giare, Rutenburg, & Segal, 2013; Glazzard, 2011; Goldberg, 2010; Lerner, Lowenthal, & Egan, 2003). The mandate for least restrictive educational placements is driven by research that requires children to have opportunities to learn and play with their nondisabled peers (Attwood, 2007; Odom, Buysse, & Soukakov, 2011 Taylor, 2010). At the elementary, middle, and high school levels of education, attempts to successfully cultivate inclusive environments are under review and suggestions for best practices include consistent characteristics that are necessary to make inclusion work. These same characteristics can also be barriers to facilitating effective inclusive environments (Moore & Whitney, 2012; Obiakov, Harris, Mutua, Rotatori, & Algozzine, 2012; Odom et al., 2010; Taylor, 2010). Collaboration is suggested as a key to creating successful inclusive environments.

The collaborative effort needed within the school community includes revising policies that delineate school function as separate from the community (Ivey & Ward, 2010; Morrison & Blackburn, 2008; Sticher et al., 2010). Additionally, the collaborative framework must include the administrators, teachers, and professionals as well as the parents and families of the special needs child and the children and families that compose the social landscape in which the special needs child lives (Hall, 2002; Ivey & Ward, 2010; Taylor, 2010; Valki, Welton, O'Connor, & Kline, 2009). Embracing the disability culture must also be approached to encourage appropriate adjustment to society (Hall, 2002; McMaster, 2013). The goal of inclusion should not be to make a special population fit in, but to allow its members their identity within the diversity of an accepting society (Hall, 2002; Lee, 2012). The best hope of establishing this spirit of acceptance and inclusion is through school programs, but, there is much work to be done on that front.

Educational communities are being challenged to collaborate to decide how to address the needs of children with ASD. The academic abilities of children with HFASD often masks the social impairment that is dismissed as awkwardness or geek nature until it explodes into inappropriate responses in a classroom or social setting (Attwood, 2007; Carter, Sicol, Ching, & Stanton-Chapman, 2010; *DSM-V*, 2013; Sticher et al., 2012). Much of the research reflects many of the findings of reentry meetings from the partial hospital setting that originally recognized a potential problem (Hospital Admission Records, 2008, 2009,2010). Both public and private schools lack insight into the diagnosis of HFASD and how to deal with the demands of the social impairment that is a part of the diagnosis (Hospital Admission Records, 2008, 2009, 2010). Researchers have pointed to the need for educational environments to collaborate in their approach to addressing the behavioral needs of the child with HFASD (Biggs et al., 2010; Darretxe & Sepulveda, 2011; Madriago & Goodley, 2010; Sticher et al., 2010). Personnel charged with programming for special children must take an informed approach to working within the school and social communities. If the administration, faculty, and support professionals are not on the same page in their expectation and approach to inclusion, then successful initiatives are difficult to achieve (Darretxe et al., 2011; Madriago et al., 2010; Obiakov et al., 2012). The attitudes of individuals involved in creating inclusive environments fuel the results. An administration that does not recognize the importance of successfully addressing the issue of least restrictive environment mandated by legislation is in violation of the law (Taylor, 2010). Teachers report feeling a lack of support by administration to provide appropriate scheduling, preparation time, and professional development needed to incorporate and serve children with HFASD within the classroom (Carter, Swedeen, Cooney, Walter, & Moss, 2012; D'Alonzo, Giordano, & VanLeeuwen, 1997; Fuchs, 2010; Harding, 2009). Many teachers feel overwhelmed by the demands of the child with HFASD.

General education teachers often do not have sufficient information about the nature of the social challenges faced by children with HFASD and do not/cannot prepare an environment able to cope with behavioral incidents (Goldberg, 2010; Jones & Frederickson, 2010; Walker et al., 2012; Yessel, Engelbrecht, Oswald, Eloff, & Swart, 2007). The training, support, and planning needed by children, parents, teachers, and peers of the children with HFASD is frequently inadequate or missing entirely (Kayfitz, Gragg, & Orr, 2010; Jones et al., 2010; Walker et al., 2012). Researchers stress the importance of collaboration between all parties invested in the success of the child with ASD (Carter et al., 2012; Goldberg, 2010; Jones et al., 2010; Kayfitz et al., 2010; Odom et al., 2011). The learning community and the social community must come together to create the mindset in society that will embrace diversity and address the mandates set forth by law (Taylor, 2010).

## Definitions

*Central coherence (CC)*: The ability to process local information to establish the context of the situation for global meaning (Pellicano, 2010).

*Executive function (EF)*: The processes that enable the cognitive organization that is necessary to manage things like flexibility, memory, and planning (Verte, Roeyers, Osterlaan, & Sergeant, 2006).

*High functioning autism spectrum disorders (HFASD):* This form of autism is distinguished from the cognitive and language deficits typical of autism. Predominant characteristics include significant impairment in social interactions; stereotypical patterns of behavior; narrow areas of interest to the point of self-absorption; inflexibility in routine; awkward motor skills; no delay in language, cognitive development, self-help skills, and adaptive behavior; usually testing average to above average intellectually (*DSM-V*, 2013).

*Inclusion*: Placement of a special needs child in the mainstream educational setting with proper resources and support needed to sustain a productive educational experience for the child (Batten, 2005).

*Social competence*: Outcome of an individual's interaction with others (Knott et al., 2006), capacity to share in the emotional experience of a social interaction (Gutstein, 2000), ability to form friendships, (Attwood, 2007), and the ability to successfully connect to others (Bondy et al., 2007).

*Social skills*: Core abilities such as interpretation of verbal and nonverbal communication, use of eye contact, and ability to imitate/model behaviors (Knott et al., 2006; Ormrod, 1999) which allow people to acceptably function in society and successfully interact.

*Theory of mind (ToM)*: Attwood (2007) explained ToM as "the ability to recognize and understand the beliefs, desires and intentions of other people in order to make sense of their behavior and predict what they are going to do next" (p. 112), which impairs the child with high functioning autism chances of reacting in acceptable ways in social situations (Attwood, 2007)

## Significance

This research was aimed at determining the real life experiences of inclusive general educational placements for children diagnosed with HFASD. A school district in Western Tennessee saw an increased need to provide services to students on the autism spectrum (City/County Annual report, 2005, 2006, 2007, 2008, 2009). HFASD students are placed in inclusive general classroom settings. The social skills for the child diagnosed with HFASD are frequently interpreted as behavioral problems and may create issues for sustaining inclusive general educational participation of children with HFASD (Khor, Melvin, Reid, & Gray, 2014). Researchers have discussed problems with social skills (Humphrey et al., 2011; Jones et al., 2010; Symes et al., 2010), the need for social skills training and support of children with HFASD (Baker, 2003; Carter, Moss, Hoffman, Chung, & Sisco, 2011; Sticher et al., 2012), problems for children diagnosed with HFASD and their parents (Burrow, 2010; Cullen, 2010; Epstein, Benaiah, O'Hare, Gill, & Tuck, 2008; Tobias, 2009), and best practices for sustaining children with HFASD in inclusive settings (Attwood, 2007; Bullard & Loch, 2004; Griffin, Griffin, Fitch, Albera, & Gingras, 2006; Ryan et al., 2011; Sansosti et al., 2012). Few researchers, however, have identified the problems personally experienced by children diagnosed with HFASD, their parents, and their teachers in sustaining inclusive placements (Elder, Caterino, Chao, Shacknia, & DeSimone,; 2006).

By raising awareness of HFASD and the social skills and behavioral issues of HFASD, this study aids in developing the insights needed to support successful inclusion of the child with HFASD. Greater insight will allow continued general educational placements of those diagnosed with HFASD and better compliance with school district policies. Parents, teachers, and therapists play a role in establishing secure social environments, but they must be provided information that allows them to create an effective support structure (Florin, 2010; Ghamrawi, 2011; Klin & Volkmar, 1995; Sperry, Neitzel, & Wells, 2010). If children diagnosed with HFASD lose chances at inclusive placements due to policies adopted by school districts that do not tolerate certain behaviors, they will be placed in settings that may limit their interactions and experiences that will prepare them for adult life. Locally, addressing concerns of parents, teachers, and therapists about how poor social skills and related behavior problems affect inclusive educational placements will guide what changes need to be made to help these children be successful at school. The challenges of navigating social scenarios is not exclusive to local settings, but indicative of situations being encountered across the nation when dealing with children with a diagnosis of HFASD (Attwood, 2007; Baker, 2003; Carter et al., 2011; Nohmias et al., 2014). Gaining insight as to how to create supportive, informed learning environments will effect real social change in the incorporation of people with HFASD into schools as well as society.

## Research Questions

In this study, I sought information about inclusive general education placements for children diagnosed with HFASD by asking parents, teachers, and therapists in a Western Tennessee school district for insight into their experiences with inclusion in general education settings. Researchers have identified social skills challenges and how these challenges affect the social settings to which children with HFASD need to adapt. Researchers have also revealed recommendations for best practices that can be used to help incorporate children with HFASD into social settings. Insight, however, is lacking as to how real world environments are to address the needs of the classroom to secure productive educational placements for children with HFASD. The guiding research questions asked:

1. How do parents, teachers, and therapists feel behavior and social skills of the child diagnosed with HFASD effects their participation in inclusive environments?
2. What types of support, training, and professional development need to be provided to ensure students with HFASD are being assimilated into inclusive learning environments?

Good questions are needed to guide data gathering and report writing (Stake, 1995). I asked the following interview questions regarding the placement of children diagnosed with HFASD to answer the research questions:

- What are your experiences with educational placement of children with whom you have worked diagnosed with HFASD.
- What might be the benefits of inclusion in general education for a child diagnosed with HFASD?
- What might be the challenges of inclusion in general education for a child diagnosed with HFASD?
- As a parent how do you feel social skills of children with HFASD affect their inclusion in general education placements?
- As a parent how do you feel behavior, for the child diagnosed with HFASD, effects their participation in inclusive environments?

- As a teacher how do you feel social skills of children with HFASD, affect their inclusion in general education placements?
- As a teacher how do you feel behavior, for the child diagnosed with HFASD, affects their participation in inclusive environments?
- As a therapist how do you feel social skills of children with HFASD, affects their inclusion in general education placements?
- As a therapist how do you feel behavior, for the child diagnosed with HFASD, affects their participation in inclusive environments?
- What sort of training, professional development, and information does a regular classroom teacher receive to program for a child with HFASD?
- What sort of information and preparation is provided fellow students in a classroom including a child with a HFASD diagnosis?

This study includes reflection on feedback from parents, teachers, and therapists who work most closely with children with HFASD. It provides information about inclusive placement that provokes thought about creating support and crafting policies that will address real classroom needs. By interviewing people who work closely with children diagnosed with HFASD, I was able to examine the real life successes and challenges presented in educational environments. Identifying the needs of local classrooms provides a basis for developing support and training that could provide starting points for enhancements of instruction at state and national levels of education.

Contributing to understanding about creating inclusive educational settings and policies that work has potential to affect significant social change.

## Review of Literature

The literature review includes the areas that affect sustaining inclusive general education placements for children with HFASD: compromised social skills development for children diagnosed with HFASD and behavioral issues that may arise as a result of compromised social skills. I also present the views about the effect that school district policies may have on establishing and maintaining inclusive general education placements for children with HFASD. Finally, I examined the views of professionals working with children with HFASD and consider their perceptions of benefits and liabilities, as well as perceived barriers to inclusion of children with special needs in general education settings.

### Conceptual Framework

Children with HFASD are being confronted with possible educational placement in more restrictive settings. If a child diagnosed with HFASD is removed from an inclusive general education setting and allocated to a more restrictive educational environment as a consequence of poorly developed social skills, their chances of developing appropriate social skills is diminished (Harper et al., 2008). It is important to look at the experience of inclusion from multiple perspectives to help determine how social skills development might affect sustained inclusive classroom placement.

Additionally, understanding social skills development and its effect on children with HFASD is important when considering the input provided by the interviewees of the study. The conceptual framework of this study included principles of social learning theory as well as theory of mind (ToM), executive function (EF), and central coherence (CC).

Social learning theory is associated with the cognitive processes that affect development of social behaviors (Bandura, 1977, 1986, Kalin & Cangemi, 2001). Social skills are acquired through observation and replication of behaviors observed to achieve some goal or result. Within the framework of a society, acceptable means of interaction are learned through the processing of environmental information and execution of social skills that result in social interaction and exchange. Tomasello suggested that there are stages of social learning – imitative, instructed, and collaborative (as cited in Bjorklund & Pellegrini, 2002). Each stage involves a more advanced form of perspective taking and cognitive processing that is built upon previous stages of social learning. If the process of social learning by observation is interrupted by faulty cognitive processes of the brain, however, then replication of socially acceptable behaviors do not occur as Tomasello contends. Instead, awkward or inappropriate interactions result, which may place an individual in a compromised situation. The challenges of cognitive processes of the child with HFASD have been established (Attwood, 2007, Baker, 2003, Baron-Cohen, Wheelwright, Lawson, Griffin, & Hill, 2007, Cashin, 2008; Khor et al., 2014), and those processes affect participation in the inclusive classroom and society in general.

The cognitive processes that directly affect the development of social skills are ToM, EF, and CC. ToM involves the ability to understand the perspective of others in order to decide how to respond or what to do next (Attwood, 2007; Minihan, Kinsella, & Hinan, 2011). Children with HFASD have problems with perception of others' viewpoints (often referred to as mindblindness), which interferes with their ability to respond appropriately in social situations (Baker, 2003; Beaumont & Sofronof, 2008; Cashin & Barker, 2009; Loth et al., 2010) and might jeopardize sustained inclusive placement. EF involves the cognitive process that allows individuals to plan, act, evaluate, and change behaviors to achieve an objective (Taddei & Contena, 2013;Verte et al., 2006). Children with HFASD are challenged with shifting thinking, organization of information, and impulse control that allows fulfillment of a goal in a flexible way (Kissine, 2012; Kleinhans, Akshoomoff, & Delis, 2013; Taddei et al, 2013). The behavioral rigidity of the child with HFASD causes problems in accepting changes. Dependence on details of a routine might help overall management of a school day, but might also trigger inappropriate social responses when accommodating sudden changes in that routine. This is when ability to process information in context, the function of CC (Pellicano, 2010; VanEylen, Boets, Steyaert, Evans, & Noens, 2011), comes into play. Children with HFASD might be able to identify the details of a situation, but are often unable to place the details within the "big picture." They cannot integrate information to make sense of social interactions (Pellicano, 2010; VanEylen et al., 2011). This weakness may further interfere with the development of ToM and EF (Katagirl, Kasai, Kamia, & Murohashi, 2012; Pellicano, 2010). Understanding that these deficits in cognitive areas impact social learning provide the foundation for educational environments to establish a better platform to assess the insights of interviewees of the study.

The information provided from perspectives of people who work with children diagnosed with HFASD is important to understand the inclusive educational experience for children with HFASD. Because impaired social skills development is a predominant characteristic of a HFASD diagnosis (*DSM-V*, 2013) and social skills problems are linked to the removal of children to a more restrictive educational placements (Hospital Records, 2008, 2009, 2010), it is critical to develop a conceptual framework that will allow study data to be interpreted effectively. Comprehending the success and challenges of the child with HFASD reflected by interviewees of the study provides an understanding of a cause that limits inclusion. This platform of understanding facilitated analysis of the information gathered in this study and allowed conclusions to be drawn in a meaningful way.

## Social Skills Challenges of the Child Diagnosed with HFASD

Although Asperger's syndrome was established as a distinct category in the *DSM-IV (*APA, 2000), the 2014 *DSM –V* (APA, 2013) encompassed all autism spectrum disorders into one diagnosis, reflecting the continued lack of consensus about the Asperger's syndrome diagnosis (Ghaziuddin, 2008). The discord over the diagnosis of Asperger's syndrome has lead away from a separate diagnosis category and toward a move to include it as a part of the general autism spectrum disorder (Autism Spectrum Quarterly, 2010;). Saunders (2009) suggested that what was formerly known as Aspberger's syndrome is not qualitatively distinct from autism, and differences in individuals cause variation in presentation of characteristics, which is not enough to support it as a distinct category. According to the Autism Spectrum Quarterly (2010), professionals in the field of autism have voiced opposition to removal of Asperger's syndrome as a diagnostic category and underscore that this is a diagnosis that needs to be addressed in daily life due to the social impact of the diagnosis. Even though there is a lack of consensus about the diagnosis, HFASD does show distinct characteristics of social impairment (Crosland et al., 2012; Kaland, 2011; Sansosti, 2012; Sticher et al., 2012).

When considering typical patterns of social development, and the atypical patterns of learning and development HFASD imposes, researchers have identified problems to be addressed in the educational setting and daily life (Cashin et al., 2008; Darrtxe et al., 2011). Social development must be nurtured in children with HFASD, as well as in their peer group. The development of "circles of friends" aids in developing awareness of the unique nature of children with HFASD, while enlisting peer help in redirection and positive interaction with the peer group (Darrtxe et al., 2011; Humphrey et al., 2011; Turk, 2012). The nature of the school environment demands a mindset that will be supportive of the child with HFASD. There must be awareness/commitment on the part of administration, teachers, peers, and families to provide opportunities for the successful integration of all members of the community (Dubin, 2007; Forlin et al., 2010; Frost et al., 2010).

Social learning theorists focus on learning social skills by observation and modeling (Bandura, 1977; Gutstein, 2000; Ormrod, 1999) and learning exhibited by observable stimuli and the resulting response to that stimulus. Current perspective on social learning theory now includes aspects of cognitive postures that focus on the internal mental processes involved in learning (Ormrod, 1999). Primarily, social learning theorists consider how people learn from one another in a social context through observations of environmental influence while recognizing that people control their own behavior by setting expectations that either reinforce or punish their behaviors (Bandura, 1977; Broerick et al., 2002; Dossetor, 2004; Ormrod, 1999). The principles that underlie social learning theory include learning by observing behaviors and the outcomes of others' behaviors and an individual's cognition having an impact on behaviors exhibited (Bandura, 1977; Khan & Cangemi, 2001; Ormrod, 1999; Loth et al,, 2010). Related to social learning theory is ToM, which relates to how individuals recognize and "understand the cues that indicate the thoughts or feelings of the other person" (Attwood, 2007, p. 112) support a socially appropriate reaction. Additionally, EF, which enables the cognitive processes leading to social decisions/reactions, also comes into play in social learning theory (Khan et al., 2001; Kimhi, Shoam- Kugelmas, Asam-Ben-Artzi, Ben-Mosh & Bauminger, 2014;Verte et al., 2006). Finally, CC affects the ability to organize verbal and nonverbal information and establishes a frame of reference for construction of a plan of action or response to the big picture (Pellicano, 2010). Children with high functioning ASD have impaired ToM, EF, and CC (Attwood, 2007; Baker, 2003; Meyer, Mundy, VanHecke, & Durocher, 2006; Pellicano, 2010). If a child is diagnosed with HFASD, the child will experience difficulty with social interaction and social reasoning, which are "hallmarks of Asperger's syndrome" (Atwood, 2007, p. 60). As Cashin and Baker indicated (2009), the triad of impairment associated with a diagnosis of HFASD is "impaired functioning in the areas of communication, social skills, and behavioral flexibility" (p. 189). Scholars consider contributing factors to the diagnosis of ASD and how these factors impact social skills and behavioral development in children with ASD.

## Behavioral Challenges for the Child Diagnosed with Autism Spectrum Disorder

Researchers have established the inflexibility of behavioral patterns in ASD (Sofronoff et al., 2004); difficulty with ToM (Peterson, Garnett, Kelly, & Attwood, 2009; Zella, Sav, Stopin, Ahade, & Leboyer, 2009), EF (Kenworthy, Yerys, Anthony, & Wallace, 2008; Saalasti et al., 2008; Verte et al., 2006) and CC processes (Pellicano, 2010); and in general diminished ability to interpret the social interactions of social situations (Blask, 2011; Chamberlain, Kasari, & Fuller, 2007; Ghaziuddin, 2008; Obiakor et al., 2010). Both neuroimaging and neuropsychiatric scholars have established a medical basis of the differences in the way people diagnosed with HFASD respond to the social feedback that the brain must process to respond to social situations (Baron-Cohen, Wheelwright, Lawson, Griffin, & Hill, 2007;Loth et al., 2010; Moloney, 2010). Children with HFASD display a weak CC, and their increased attention to detail interferes with seeing the big social picture, resulting in processing information differently (Atwood, 2007; O'Conner & Kirk, 2008; Rieffe et al., 2011; Sansosti, 2012) and may lead to inappropriate behavioral responses, including verbal and physical acting out.

Anatomical abnormalities, which suggest reduced functional connectivity in people with HFASD, contribute to difficulties with EF (Kana, Keller, Cherkasky, Minshew, & Just, 2006; Taddi &Contena, 2013). There is a need to focus on the development of interventions and methodologies that help compensate for deficits in ToM, EF, and CC (Darretxe et al., 2011; Muller et al., 2008; Sofronoff et al., 2004). As Levy (2007) pointed out, researchers have considered these contributing factors to a diagnosis of HFASD when creating effective interventions addressing social ability in individuals with HFASD. Levy further underscored that scholars must integrate the findings of psychological theories and neurobiological findings, thereby contributing insight to the relationship between CC, EF, and ToM and not considering them in isolation of each other (Pellicano, 2010). Belmonte et al. observed:

> While people with autism have been described as suffering from lack of central coherence, the field of autism itself suffers from a lack of integration of different analytical, and theoretical concepts, including executive function, complex information processing, ToM, and empathy. (as cited in Levy, 2007, p. 864)

Researchers have established the need for effective training for appropriate/effective communication, verbal and nonverbal, for students with HFASD, which in turn establishes best practices (Attwood, 2007; Crosland et al., 2012; Marks et al., 2003; McMaster et al., 2013; Ryan et al., 2011). This training assists a child with HFASD to make the appropriate response to the demands of his or her environment. Due to their odd and awkward nature, many children with HFASD are targets for bullying and teasing (Baker, 2003; Dubin, 2007; Samson et al., 2011). Provision of behavioral support is critical to the development of appropriate behavioral reactions and control (Attwood, 2007, 2009; Baker, 2003; Carter et al., 2011; Konza, 2006; Stichtere et al., 2012; Symes et al., 2010). The students' behaviors can be broadened, modified, and enriched to better fit into common social settings. Few researchers have investigated how the people in an environment might respond to support children with HFASD and how they can contribute to the development of social skills while maintaining the behavioral dignity of the students with HFASD (Blandford, 2013; McLaughlin et al., 2014; Muller et al., 2008; Paul, Skirrow, & Hane, 2012). Guidance about the physical environment and development of routines for students with HFASD is frequently noted (Obiakor et al., 2012; Ryan et al., 2011; Williams, 2001), but studies about how educating and informing the peers and people with whom children with HFASD interact are not evident (Chamberlain et al., 2007; Grantz & Spammaro, 2008; Humphrey et al., 2011; Kahn & Cangemi, 2001; McMaster, 2013; Rubin & Laurent, 2004; Sperry et al., 2010). Involving and informing the community of special needs is critical to successful inclusion.

Training that includes raising awareness, sensitivity, and involvement of the people who share environments with children with HFASD is limited but would be beneficial in the development of socialization (Carter et al., 2010; McMaster, 2013; Nohmias et al., 2014; Sperry et al., 2010; Whelan, 2009). Training and awareness of the unique support needs of children with HFASD is important to maintaining inclusive placements of children with HFASD as indicated by discharge treatment plans of a partial hospital setting in school districts in Western Tennessee and research (Florin, 2010; Konza, 2006; McMaster, 2013; Obiakov et al., 2012). Children with HFASD may face suspension or expulsion due to exhibiting behaviors that breech school district policies in place in this district (City, 2010; County, 2010). School districts exclude children who violate articulated standards against aggressive and violent acts. Admission and discharge records of a partial hospital setting indicate that behavioral problems posed by children with HFASD are becoming a greater issue within school settings of this district.

## Effect of Behavioral Policies on Sustaining Inclusive Placement

In light of behavioral policies adopted in this school district (City, 2010; County, 2010) special needs children having difficulties with social competence protected from exclusion by legislation such as the American Disabilities Act, IDEA, Section 504 (ADA, 1990; IDEA, 2004; Section 504), stand to lose inclusive status due to the criteria set forth in some standards. Students diagnosed with HFASD may still meet with exclusion from their educational programs until a hearing officer rules on behavioral infractions breeching policies (City, 2010; County, 2010). This problem affects children diagnosed with HFASD because these children are labeled behavior problems by teachers and administrators who are challenged to support/guide social encounters of those with HFASD (Attwood, 2007; Beecham et al., 2012; deBoer et al., 2011; Grantz et al., 2008; McCray & McHatton, 2011; Ryan, 2010). Behavioral labels influence continued inclusion of children with HFASD in general education (Skiba, 2014; Brownstein, 2010).

To aid successful navigation through social scenarios of students with HFASD. support strategies must be developed for teachers, administrators, and social coparticipants (Humphrey et al., 2010; Lalvini, 2012; Male, 2011; Sofronoff et al., 2004). Use of effective support strategies that will facilitate appropriate behavioral responses from children diagnosed with HFASD will serve to maintain participation of these children in inclusive environments while being responsible to behavioral standards (Barbaro & Dissanayake, 2007; Beaumont et al., 2008; Crooke, Hendrix, & Rackman, 2007; Frederickson, Jones, & Lang, 2010; Ruble & Robson, 2006; Tang & Richardson, 2013). Such guidance will also address the needs of students diagnosed with HFASD as prevalence rates rise in the general education population (Amend, Schuler, Gavin, & Beights, 2009; Wing et al., 2002). As these populations grow, more is demanded of the professionals and communities charged with providing effective services.

### Perceptions of Benefits and Liabilities of Inclusion

Researchers have identifed there is an established need for professionals to reach a common sense of understanding about the needs of the child being included in general education settings. As expressed at the Save the Children Conference in 2007, service-providers and families must share information and procedures to determine what successful practices can be used in educational settings. It was reported through collaboration a consensus of needs can be determined that allow program development that supports inclusion of children diagnosed with ASD. Presenters at this conference identified difficulties regarding inclusion including:

1. Lack of agreement on concept and language of inclusion.
2. Need for a model of inclusion to ease difficulties.
3. Fear of change effecting practice and relationships needing to be modified.

The conference presenters expanded on the need for change to evolve the concept of inclusion as a way of thinking so that schools and communities become places of inclusion (Humphrey et al., 2010; Lalvani, 2012; McGinnity, 2008). Additional research reflects the concept of inclusion as being a collaborative effort. Professionals, students, families, and communities must look at the restrictions that have been created that inhibit a child’s ability to learn and play with their typically developing peers (Carter et al., 2012; deBoer et al., 2010; Ryan, 2010; Vakil et al., 2009). Along with efforts to incorporate children with special needs into society, there must be a healthy balance to the approach pursued.

As attempts to create successful inclusive environments evolve we must remain respectful and aware of the disability culture. Researchers suggest the push to total inclusion may be overreaching. Laws like IDEA (2004) and Section 504 of the Rehabilitation Act of 1973 (D’Alonzo et al., 1997; Taylor, 2010) contain very specific language that schools and other service-providers must follow if they receive federal funds. They both present students’ right to a free and appropriate public education and promote the concept of least restrictive environment (Taylor, 2010). Researchers, however, caution that educational and community environments must be aware and respectful of the disability culture. Contending that all or nothing posture does not work (Hall, 2002; Moore et al., 2010). Allowing children with disabilities to interact with children like themselves is important to their development, and building self-esteem and providing environments exclusive of opportunities to incorporate disability culture does not create a positive educational experience (Hall, 2002). Best practices “arise from empathetic understanding and a willingness to be flexible, the worst from rigidity and an expectation that the child is the one who must change" (Jordon, 2005, p. 105). Teachers' perceptions of expectations for an inclusive classroom underscore the barriers to developing empathy and flexibility sought.

Because there is lack of consensus and people function under multiple meanings of inclusion, attitudes and beliefs of the teachers are critical to development of successful inclusive programming (Odom et al., 2011). Researchers reflect collaboration is a primary component of effective inclusion (Biggs et al., 2010; McGinnity, 2008; Odom et al., 2011; Vakil et al., 2009). Teachers, however, seem to agree more on difficulties with development of inclusion than benefits (Hall, 2002; Madriga et al., 2010; McGinnity, 2008; Odom et al., 2011; Walker et al., 2012). Frequently teachers find it difficult to deal with the needs of the challenged learner within the context and resources available to a particular classroom and parents find frustration with the level of challenge the teachers are faced with in dealing with their children's behavior (Walker et al., 2012). In a comparative study of parents in South Africa and the United States, both groups expressed a feeling of an us-against-them attitude when developing IEPs and the impression that there was a lack of follow through on the part of the teachers to implement components of the IEP (Yessel et al., 2007). Likewise researchers of this study reflected parents from both countries felt the response from the peer group toward their children needed to change, and they saw meeting that need as a function of a teacher-led initiative. Researchers point out the need to raise awareness among mainstream students along with providing social skills programming to children with HFASD to affect successful incorporation and acceptance of children with HFASD into the community at large (Kayfitz et al., 2010; Jones et al., 2010; Yessel et al., 2007). Worell (2008) indicated the barriers to successful inclusion include negative administrative and teacher perspectives, lack of a common language, understanding of issues and laws, poor collaboration skills, and limited repertoire of educational programming which is also reflected in research in general. Members of society must coordinate and collaborate to achieve successful models of inclusion that will embrace the diversity represented in the mainstream and affect real social change.

Search terms used to determine information about the diagnosis, social skills and behavioral effects of the diagnosis, and effects of the diagnosis on learning and social communities concerning inclusion include the following:

- background of the characteristics of an HFASD diagnosis socially, behaviorally, and neurologically
- social skills development in children with high functioning ASD
- supportive social environments
- behavioral problems related to zero tolerance policies in school districts
- ability to maintain safe, productive social environments
- implications of how ToM, EF, and CC affect a child with HFASD functioning

- social skills interfering with development of social competence and creation of behavioral issues
- impact of a child with an HFASD diagnosis on the school environment and parental/family connections
- teacher attitudes
- laws – IDEA, Section 504
- inclusion

Resources for books and articles included Education and Psychology – SAGE, Psych INFO, Psych Articles, ERIC, Educational Research as well as a Booleans search. Access to records of admissions and charts indicating diagnosis were granted by permission of the clinical director of the partial hospital setting with the understanding that confidentiality would be maintained as to the identity of any cases used in the count of HFASD diagnoses served.

## Implications

This study was a qualitative instrumental case study with boundaries of the study seeking individual knowledge and concerns about sustaining inclusive placement for children diagnosed with HFASD. Through the study, I considered how compromised social skills and resulting behavioral issues affect inclusion in general education settings (Stake, 2003). I used interview and journaling to gather data as well as field notes (Hays & Singh, 2012; Merriam, 2002; Stake, 2005). The purpose of using three groups (parents, teachers, and therapists) for data collection was to gain insights from people who work most closely with the students diagnosed with ASD. Learning about how individuals in these groups perceived students' compromised social skills affects behavioral issues that may limit opportunities of inclusion will provide insight about a marginalized population that is of growing concern for the educational system: the child with HFASD (Merriam, 2009). This type of study had a good chance of giving a voice to a local group which in turn can provide insight to sustaining inclusion in general educational settings for a growing population of children with HFASD being served in schools. It has been suggested that some behavioral policies do not have the intended effect to resolve and improve behavioral quality of students (Skiba, 2014; Brownstein, 2010; Moloney, 2010). This study revealed children with HFASD are faced with the possibility of losing inclusive placements or being tracked into more restrictive settings due to behaviors that violate behavioral policies, review of policies can be initiated and more effective programs can be developed to address securing educational environments producing substantial social change in communities serving children with ASD.

## Summary

The purpose of this study was to examine real-life experiences surrounding inclusion for children diagnosed with high functioning autism spectrum disorder (ASD) in general school placements. The specific problem was an increasing number of students with HFASD are being confronted with removal from general education classrooms and placed in more restrictive settings in a school district in Western Tennessee. These students, in more restrictive settings, miss opportunities to interact with their neurotypical peer group and general education classroom experiences that could foster incorporation into the mainstream, according to discharge records of a hospital setting in Western Tennessee. Through this study, I sought to identify insights from parent, teacher, and therapist perspectives about inclusive placements in general education for children diagnosed with HFASD and how they is perceived compromised social skills may contribute to behavioral problems that are found in violation of policies of a school district in Western Tennessee. The admission records of a partial hospital setting serving children and families dealing with HFASD was a stepping stone to a look at the inclusion experience. A review of legislation driving inclusion and rates of increased needs for programming for children with HFASD is offered in the introduction. Section 1 presented a review of literature that covered challenges found at the local level common to the problems revealed in research. A second literature review provided background about HFASD and the challenges of the diagnosis . The affect of HFASD and how it relates to demands on the community in response to inclusion was considered. The nature of social skills issues and training, challenges for children with HFASD, as well as behavioral concerns for children with ASD, and best practices suggested for successful inclusion of children with HFASD are also reviewed. Definition of terms was provided. Significance of the problem of sustaining inclusion was related to the social affect of ASD on the educational system and thoughts about how successful inclusion has impact on creating significant social change concludes the first section.

Section 2 provided a description of the research design approach. Interviews and journaling were selected to collect data that will explain parent, teacher, and therapist perspectives about inclusion, social skills, and behavioral issues (Hays et al., 2012; Merriam, 2002; Rubin & Rubin, 2003; Stake, 2003). An explanation of selection of the participants and measures taken for the protection of participants and their rights are included. This section also reviewed data collection rationale and procedures. Data analysis, including addressing concerns of limitations and quality of data, were discussed. This analysis helped identify threads of similarity in experiences within the group of those interviewed. Based on analysis of this data, information was revealed about the real life experiences of inclusion that may affect development of successful inclusion of children with HFASD in schools thereby effecting positive social change that incorporates those with HFASD into our society.

Section 3 provided a description of the project study, rationale of genre, and consideration of the data analysis. Additionally, it offered reflections of how the problem of the study was addressed through the content of the study and implications of possible social change. Section 4 discussed the strengths and limitations of the study. It also included an overall reflection of the importance of the work and what was learned as a result of the study and personal insights gained. Section 4 concluded with discussion of applications and directions for future research.

# Section 2: Methodology

The purpose of this study was to examine real life experiences in sustaining inclusion for children diagnosed with HFASD in general school placements. I also considered how social interactions and behaviors that violate school district policies might affect school placement. In this instrumental case study (Stake, 2005), I focused on the perceptions of parents, teachers, and therapists of children diagnosed with HFASD and their encounters with inclusion. Through interview, journaling, and field notes, I gathered data that provided participant perspectives on inclusive experiences. Analysis of interviews and field notes allowed me to identify issues with ongoing inclusive placements, as well as practices used to develop successful inclusive educational placements, which may bring about social change in the delivery of services to children with HFASD and inform learning and social community perspectives of HFASD.

## Research Design

Based on models suggested by Stake (2005, 2006), I chose a qualitative, instrumental, case study research design for this study. For this method, an examination of an issue shared by an identified group of people is investigated to determine similarities and differences in the human experience at one point in time (Stake, 2005). The method involved studying a small number of subjects who share a common experience. In this case, participants shared the common experience of inclusion and contributed insights from different perspectives of their real life experiences. The data provided through interviews and field notes established patterns of successes and challenges and added to an understanding of the inclusive experience that would not be attainable by the use of other designs (Stake, 2005, 2006). These sources of data allowed for triangulation of findings, which contributed to the strength of the study. This design provided me the opportunity to see how three different groups of people viewed the issues surrounding inclusive, general education placements for children diagnosed with HFASD. Two main research questions guided the methodology:

- How do parents, teachers, and therapists feel behavior and social skills of children diagnosed with HFASD affects their participation in inclusive environments?
- What types of support, training, and professional development need to be provided to ensure students with HFASD are being assimilated into inclusive learning environments?

The case study also led to a better experiential understanding of the case being scrutinized from the perspective of participants (informants) willing and able to comment on the phenomenon (Stake, 2006). The case study method includes an in-depth look at cases that promise to illuminate understanding of benefits and issues that are associated with the phenomena of interest (Merriam, 2007). An advantage of case study research is that it allows insight to be gained as a result of both personal and social experiences that promise to invoke thought about, as well as focus on, possible problems (Stake & Kerr, 2005). Patton (2002) detailed other advantages to the use of case study as a data collection venue. Participants offer their own interpretation of events, and a case study is a good way of documenting lived experiences. The revelations of the real life experience can offer insight to the topic of interest that may identify issues and problems not uncovered through other means of data collection. An instrumental case study also facilitates the establishment of meaning that leads to a better understanding of events and is appealing to readers because it details the lived experiences of fellow human beings (Stake, 1995). Patton noted, however, there are disadvantages to case study, including what researchers will and will not include in their interpretation, which will affect the results reported in the narrative. Analysis of data is critical to support the validity of the report.

Discrepant cases were considered on the basis of the relationship to the research questions. Generalization was limited due to the small number of participants included. The job of the researcher must be to “gain the needed confirmation, to increase credence in the interpretation, (and) to demonstrate commonality of an assertion” (Stake, 1995, p. 119). The personal insight gained from three perspectives of a phenomenon is unique to the use of case study and renders information that would not be sought by other methods of research. Case study also offered the opportunity for more in-depth insight to a social phenomenon (Yin, 2009).

Personal insights gave voice to an underrepresented population (students with HFASD) and the effects their experiences have in educational environments. Quantitative researchers that look at points of focus or attempt to manipulate conditions to evaluate phenomena may lack the capability to gain insight to the big picture because of its limited focus. The narrow approach of a quantitative methodology allows the researcher to determine the effectiveness of outcomes under controlled conditions (Creswell, 2003). This type of approach limits the personal insight afforded through interview (Creswell, 2003) and journaling (Lai, Suto, & Ungar, 2012) that qualitative case study methods employ.

## Participants

To generate rich insight into the issue of sustaining inclusion, the participants in the study were purposefully selected from parents, teachers, and therapists who work with children in the district in question who are diagnosed with HFASD (Creswell, 2003). A private practice working with children with HFASD provided parent contacts, and a partial hospital setting provided therapist leads from therapists who refer clients for a higher level of intervention; the school district approved teachers for contact to establish potential participants who were willing to cooperate and were able to establish the informant groups (Appendix A). Once university approval of the study was secured, the respective agencies were again contacted to inform them of such approval and were asked for their referral of six parent, six teacher, and six therapist contacts who formed a purposefully selected resource pool of informants (Creswell, 2003). From the informant pool, two parents, two teachers, and two therapists were randomly contacted for participation in the interviews. Establishment of a pool of potential informants provided a backup in the event those contacted first declined to participate or if, at some point in the study, a participant would have needed to withdraw from the study. The criteria used to establish acceptable requirements for participation in the interviews included the following:

- Personal/professional contact with children diagnosed with HFASD
- Indication that they currently have experience(s) sustaining inclusion
- Indication that the children they work with may or may not have behavioral issues impacting educational placement

By purposefully selecting from the resources provided by cooperating agencies, I had the opportunity to gain insights regarding sustaining inclusion. I sent participants a letter of informed consent explaining who I am and what my study was about was (Appendix B). Two parents, two teachers, and two therapists were asked to participate in an audio-recorded interview in which I asked for insights about inclusion, social skills, and behavioral issues (Appendix C). The participants' discussion of their lived experiences rendered information to answer my research questions. As Stake (1995) noted, "the real business of case study is particularization not generalization" (p. 8). The interviews provided sources of data from three viewpoints, which illuminated the experiences of inclusion for some children diagnosed with HFASD. As Stake (2005) suggested, the insights provided by these groups "deepen the understanding" (p. 448) of the phenomena. As Rubin et al. (2005) indicated, this depth of understanding requires flexibility of questioning that allowed me as the researcher to pursue new information and "adapt to the actual experiences that people have had." (p. 35).

The signed consent form indicated individuals' agreement to participate in the study. Responding participants were contacted to establish the days and times that they would be available to participate in the interview (Appendix B). Measures for the ethical protection of the participants included the following (Creswell, 2003):

- Letters of cooperation from practices and districts identified as resources for contacts who work with children diagnosed with HFASD
- Letter of participant agreement to complete the interviews
- Review of Walden IRB that approves study procedures
- Research objectives stated verbally and in writing at the onset of interviewing parents and professionals
- Participants informed of data collection tool
- Participants allowed to review transcripts and written notes and reports concerning their part in the process
- Participants' identity protected by the use of identification other than real names

- Participants’ wishes and rights protected by ensuring the right to withdraw from the study at any time

These measures provided participants assurance that their participation would be confidential and would do them no harm. Participants could choose to discontinue participation at any time if they felt threatened or no longer wished to provide input. Data collection and analysis moved from a broad perspective to individual informant data that would help construct the essence of the informants’ experiences and see if patterns to inclusion were identified or unique, unanticipated insights were revealed.

## Data Collection Procedures

Interviewing parents, teachers, and therapists about maintaining inclusive placements illuminated the real life experiences of these informants and provided greater insight to the factors that may affect inclusion (Rubin et al., 2005). I asked seven, open-ended questions that required informants to describe their real life experience about inclusive placement, social skills, and behaviors that affect inclusive placements of the child with whom they are working (Appendix C; Rubin et al., 2005; Stake, 2010). This aligns with the case study design to solicit data from multiple sources of information and individuals who experience inclusion, social skills, and behaviors for children diagnosed with HFASD (Creswell, 1998; Merriam, 2003; Rubin et al., 2005; Stake, 1995). Additionally, I asked them to journal daily for 1 work week (5 days) following the interviews to provide opportunity for information not shared during the interview to be included in the insights of the respondents (Lai et al., 2012).

Once IRB approval was obtained and six prospective informants returned signed consent letters, I set up appointments for interviews. The interviews were conducted face-to-face at a location convenient to the interviewee (i.e., local library) and were audio recorded. Questions for the interviews included pros and cons of inclusive placements, experiences with social skills, and behaviors in inclusive settings, providing insight to inclusive classroom placement (Appendix C). As Rubin and Rubin (2005) suggested, though the interviews were recorded, I took field notes as the interviews proceeded to identify areas that needed to be clarified, expanded upon, or further discussed if information brought up by the informant was unanticipated. The notes also served to draw attention back to points in the interview that were of particular interest, or required follow-up or further probing. At the end of each interview, the participants were asked to continue their reflections in a journal to be kept daily for 5 days. Participants were told the journal could be maintained on a computer to be sent to my school e-mail address at the end of the week. Because “qualitative research is not simply learning about a topic, but also learning what is important to those being studied” (Rubin et al.,2005, p. 15), structuring the interview and providing a chance to add rich insights through journaling allowed for uncovering details in a structured manner

The initial greeting during the interview served as an opportunity to reintroduce myself and review the purpose of the research procedure that was followed (recording, notes, etc.). I also stated the definition of characteristics of Asperger’s syndrome as defined by the *DSM IV* edition and asked for a verbal affirmative that the interviewee was comfortable working within that definition before I proceeded. I used the term Asperger’s syndrome and the *DSM IV* definition because, at the time of data collection, the *DSM V*, which uses one inclusive term for all autism spectrum disorders, had not been released. All of the interviewees provided a verbal affirmative to this standard. To set the interviewees at ease, I asked if they had any questions or concerns about the interview and reminded them of the significance of the information they would be sharing. Once the introductions were completed, some questions central to the research were posed about inclusion. After discussing the initial questions, a transition to more sensitive questions was made concerning social skills and behaviors. I facilitated the conversation back to a more common ground to keep the interviewees engaged in sharing their insights (Appendix C) concerning teacher information and peer group information. Upon concluding the interviews, each informant was asked if they had any questions or wanted to contribute any additional thoughts. Each informant was also asked if they would maintain a daily journal for 5 days after the interview (Appendix D). It was explained that any information they would like to share, but did not cover in the interview, would be welcome. The participants were again thanked for their time and insights, and this concluded the meeting. The protocol for interviewing was modeled after the interview stages suggested by Rubin and Rubin (2005). All interviews were transcribed and secured in locked files of my home office. No journals were returned at the end of the week. A follow-up phone call was made to each informant, and two interviewees said they did not have time to complete the journaling activity. Messages were left asking about journal responses for the remaining four interviewees to which there was no response. An e-mail was sent to the four interviewees who were left phone messages, indicating that I would still be open to receiving their journals. Two interviewees e-mailed that they had no additional input, one indicated she was unable to complete the journal, and the final interviewee did not respond to the phone or e-mail follow-up. Given the responses of the participants, further efforts to obtain journal responses did not seem appropriate in terms of protecting the participants' rights. I did not want the participants to feel badgered about the journals causing undue stress. All documents and recordings secured in the locked files of my home office will be shredded or erased after the required 5-year period.

Researchers have identified benefits as well as challenges of the inclusive classroom (Allen et al., 2003; Harding, 2009; Jones et al., 2010; Worell et al., 2008). Consideration of benefits offsets bias that may be created when dealing with the more difficult cases that are referred to higher levels of intervention at the partial hospital setting for development of effective behavior programs and recommendations for classroom planning. The only way to gather valid information about the real needs of the child with HFASD is to involve those on the front lines who are dealing with HFASD in social context. Gaining the first-hand insight of parents, teachers, and therapists on what impacts environments of children with HFASD can only be accomplished by giving them the opportunity to voice their opinions and explain what their real life experience involves. By setting aside suppositions or bracketing preconceived ideas and using an interview and journaling approach to secure information, the input of real world experiences provides data that leads to information that informs stakeholders about the phenomenon of inclusion (Stake, 2005). I stopped reviewing here due to time constraints. Please go through the rest of your section and look for the patterns I pointed out to you. I will now look at Section 3.

Asking questions that targeted information about inclusive placements for children with HFASD, the effect social skills have on inclusive placements, and the impact of behaviors on inclusion, provides feedback from those who are dealing with maintenance of children with HFASD in inclusive settings. Using the resources of three different perspectives of the phenomenon of inclusion builds richness into the data collected. This feedback brings to light the lived experiences of these informants. This insight provides greater understanding to the concerns and problems as well as successes encountered in sustaining inclusive placements thereby helping to identify different realities from which the reader can learn (Stake, 2005).

## Data Analysis

Before data collection started I decided what to investigate by developing research questions around the focus of my study, considering access to my participants and settings, and planning for factors such as bias and trustworthiness towards data. After the initial adjustments to focus, I decided on a data collection method (Hays et al., 2012). Data collection methods for this study included individual interviews, field notes, and journaling. During and after each interview I recorded written notes to help recall the interview and impressions I formed during the interview. I noted information that related directly to the research questions, which began and helped develop my narrative. Data analysis involved careful review of all interviews and field notes in their entirety and followed a phenomenological approach to analysis (2012).

Following a phenomenological approach to data analysis, as suggested by Hays and Singh (2012), integrated Moussakas' (1994) modification of van Kaam's (1959, 1966) phenomenological analysis process, transcription of research participants' interviews were completed. All interviews were reviewed, and all field notes were reviewed and expanded. At the beginning of the analysis, each interview was considered individually. I looked to be certain I understood the feedback and to determine if I needed to request any return interviews for follow-up. Teacher and therapist interviews needed no additional follow-ups. However, parent interviews required follow-ups to ask some clarifying questions. The parents were asked to clarify information concerning generic statements of disappointment. I requested ~~at least some~~ detail ~~as~~ to what action (or inaction) caused the disappointment. Once this information was attained through a phone interview my analysis proceeded as described below.

Analysis of the information started by bracketing my assumptions, which identified any bias and any influence bias might have on the coding process (Hays & Singh, 2012). Next, I identified comments from the transcripts of interviews, and field notes that provided information "relevant to the experience" (Hays & Singh, 2012; p. 354) concerning the research questions that achieved horizontalization as guided by Moussaka's approach. I constantly reviewed the data collected to avoid letting my bias interfere with the telling of participant experience. As a result of horozontalization, large themes emerged. Next reduction and elimination of data was achieved by removing data that was not important to understanding of the experience or was repetitive or vague. Following reduction and elimination, I then used textual themes to describe the data before trying to shorten them to key terms. Textural description provides "meaning and depth of the essence of the experience" (2012, p. 355) refining horozontalization. Then a structural description of the data identifies meanings and relationships between the data perspectives (Moustakas, 1994). The themes are reviewed for similarities and differences or tension in the data and clustered to identify core themes of the experience (Moustakas, 1994).

As Hays and Singh (2012) pointed out, a researcher must carefully pursue the analysis of data, selecting a tradition that results in a focused purpose. In this case I used phenomenological analysis (Moustakas, 1994) to understand the experiences of the cases, taking care not to generate a theory. Following a horizontalization of core ideas that emerged from the transcribed interviews, these ideas were texturally described, which helped eliminate irrelevant information. I did this by writing sections of text from the transcriptions that were relevant to the research questions on in the margin of the transcript next to where the statement was found. (Tables 1, 2, 3)This process was important to understanding the essence of the experiences before reducing text. This process of analysis also required a structural description, which allowed for themes between informant groups to be considered, revealing areas of agreement and tension unique to a case to add to understanding of the phenomenon (2012). I used structural description to sort textual description into patterns identifying general, typical, and variant themes.

### Coding

Categories began to emerge during sorting until all comments relevant to a deeper understanding of the phenomenon of inclusion were determined. Comments that did not seem to address the research were initially set aside and considered individually at the end of coding and horizontalization. Because no journals were returned, all field notes were reviewed, which made me reflect on the interview experiences. Each case was analyzed before variables across cases were considered. Patterns and themes emerged as comparisons were completed across cases. Comments that addressed the first research question included insights to the social and behavioral experiences of the cases reviewed. Comments that provided opinion concerning how all participants in educational environments were to be trained to help create successful learning communities addressed the second research question. Additional thoughts were offered at the end of the interviews.

I looked for categories in the data that repeated and areas in the data where there was agreement or contradiction, and through this process, themes evolved. Coding categories included, but were not limited to:

- statements concerning compromised social skills
- statements of social awareness on part of the child with HFASD
- statements of social awareness on the part of the peer group
- statements of social awareness on the part of the staff
- statements of problems with support from peer group
- statements of problems with support from staff
- statements of behavior problems
- statements of behavior problems arising from compromised social skills
- statements of behavior problems arising from poor peer interactions
- statements of behavior problems arising from poor staff interactions

- statements of behavior problems establishing violation of policy
- statements of behavior problems threatening suspension or expulsion
- statements of behavior problems leading to more restrictive placement
- other issues identified that are introduced by those being interviewed

Once analysis of the data was achieved, I sought correspondence of data as it applied to the key issue of focus (1994). I carefully examined the statements to determine clusters of information from which a narrative of what happened to participants from three perspectives was created. I evaluated discrepant information for its relationship to the research questions. I discarded discrepant data that offered no insight to the research questions, such as statements endorsing specific behavioral programming, or statements critical of particular schools (2012). I verified these analyses of data to support the validity of results. The final step in the data analysis was to interpret the data, seeking development of a narrative that illuminated and informed us about the inclusive educational experience for children diagnosed with HFASD in our general education environments (Singh et al., 2012,).

## Research Question 1

RQ 1 stated, "How do parents, teachers, and therapists feel behavior and social skills of children diagnosed with HFASD affects their participation in inclusive environments?" Information providing insight to research question 1 revealed that all perspectives (parent, teacher, and therapist) underscored three main needs: (1) the need to provide children with HFASD “the opportunity to participate in groupings where they can develop relationships,” (2) the need to provide them “a chance to interact with people who are different,” and 3) the need to consider the individual nature of the child with HFASD. All participants emphasized the importance of the third need. Insights to these three ideas were determined from comments made involving the effects of social skills and behavioral components of a HFASD diagnosis on the inclusive setting.

Therapists and parents commented on the necessity to meet with both professional staff and peer group to provide information about the unique characteristics of individuals with HFASD that they would encounter. Teachers in particular stated they, “need insights to what does and does not work with these kids” because a “general orientation to Asperger’s syndrome” does not address what needs to be done at the classroom level to provide a productive learning environment. Comments from all groups indicated agreement that a generic description was a good start to orient learning environments to children with HFASD and that when children are placed in an inclusive setting the only chance at successfully integrating them into the placement is to consider their specific nature (i.e., social abilities, learning support requirements, behavioral peculiarities, sensory needs etc.).

Impact of social skills training on inclusion and academics further address the first research question. When asked specifically about the social skills aspect of inclusion, therapists were quick to comment on the lack of functional social skills and the impact a

HFASD diagnosis has on properly navigating social scenarios. Teachers stressed the inability of children with HFASD to productively take part in small-group and sometimes large-group learning experiences. They indicated students' frequent disagreements, refusal to take an active role in activities, and their literal thinking interferes with the group process. One teacher said the biggest challenge to the inclusive setting was ensuring the academic needs of the individual child were being met

When planning for academics, participants indicated the benefits of inclusive settings as well as pullout for additional support or specialized teaching must be weighed. One teacher also observed that she frequently heard (at the elementary level) the parents say, "I just want my child to be normal." Teachers and therapists stressed the importance of parents having a realistic attitude was critical in the development of social skills that allowed the child to interact with their typically developing peers. Although parents expressed fears of their child being bullied and teased, teachers and therapists explained that such behaviors of other students are part of the learning process, and they could not be promised such behaviors would not occur and (unfortunately) could be a part of a learning community. By placing children with HFASD in an inclusive setting they have their best chance at experiencing a real-world environment that includes positive and negative scenarios.

All agreed the more exposure the special child and their typical peers had to each other the greater acceptance and respect they were likely to build for each other. Parents did observe, however, that the physical presence of their children in a general education classroom did not mean they were included. In some cases the “unprepared or underprepared classroom” created an environment of exclusion. One teacher commented about the need for the child with HFASD to function beyond the walls of the school to interact with peers outside the educational setting. A parent observed that although “it is difficult for the special child to function in general society,” the general setting provides learning opportunities both ways: (a) for the special person learning to “fit in” and (b) the typical peer accepting the diversity around them in school and in the community. All informant groups agreed that ongoing social skills training in the school setting and outside social programs was critical to the overall success of children with HFASD.

Parents, teachers, and therapists underscored the individual nature of children with HFASD and how different settings might reflect different reactions. Behaviors that might appear oppositional or defiant could be reactions to circumstances presented in various situations both socially and academically. Teachers commented that the more generic modifications and accommodations common to special needs students (i.e., extended test-taking time, special setting to take tests, readers, fewer problems or answer-selections etc.) were not sufficient to address the academic component for a child with HFASD. For these students, knowing what needs to be done from an academic standpoint could make the difference between successful assessment of mastery of material by the teacher or a behavioral meltdown by the student. When students with HFASD are confused or intimidated by the testing situation or day-to-day activities of a classroom (i.e., introduction of new material, rehearsal and manipulation of concrete or abstract ideas, participation in groups), these students are likely to shut-down, as reported by the teachers.

For students with HFASD, behaviors could range from withdrawal from the environment to verbally or physically acting out. Both parents reflected that these behaviors interfered with academics when their children were overwhelmed in their learning environments. Educators who are not awareness of possible behavioral responses from an individual with HFASD, might interpret these actions as defiance or willful disobedience. Therapists point out that knowing the "triggers of negative behaviors" could help avoid the incidents from ever occurring, thereby maintaining a productive learning environment.

Therapists and parents identified a need for teachers to broaden their presentation and assessment techniques, taking into consideration types of learning modalities, sensory challenges, and limitations of a classroom setting. The therapists and parents noted an important component of addressing behaviors for children with HFASD was understanding sensory issues that might confound the educational setting. Everything from lighting, noise levels, activity levels or chaining of events could contribute to behavioral outbursts. Teachers also recognized that accommodation of the sensory needs of the child with HFASD must consider the need for breaks from the classroom environment. This need poses scheduling problems for which teachers may not have the resources to address. Parents were united in their reflection that teachers need, and often do not have, the daily support necessary to follow therapeutic recommendations. They stated that “the IEP may not be followed,” thereby setting their children up for failure. Training of the direct service personnel (i.e, teachers, aids), as well as all social co-participants (i.e., peer groups, support staff) was also observed as critical to development of effective inclusion and was further investigated in the second research question.

### Research Question 2

Additional themes emerged as a result of structural description in response to research question 2: What types of support, training, and professional development need to be provided to ensure students with HFASD are being assimilated into inclusive learning environments? Those themes included need for development of a collaborative team working together year-to-year as children progress through their educational journey. Awareness and orientation of the peer group and their parents involved in inclusive initiatives was noted as important to the success of inclusion but also an inroad to building an accepting community. Training that moved from the generic to the specific needs of the child needs to be a commitment on the part of staff and administration. School-wide involvement was the way to develop a welcoming and integrated learning community that welcomed the diversity found in our society.

Parent participants agreed that very specific orientation and training programs needed to be developed and executed by the team working with their children. One parent, who worked closely with school personnel throughout elementary, middle, and high school, observed that it was difficult to find the right program from the very start. One public school program indicated there was nothing wrong with her child after testing and, therefore, that the child did not qualify for special support. A private school did not even finish the testing before saying they could not accommodate the child's special needs. Working with the same child, a therapist who also functioned as the admissions director in a private school, identified the child as a candidate for a special program her school conducted. After a shaky start, his program successfully saw the student through elementary, middle, and secondary school. The efforts in raising awareness and training of the staff and peers in the school was an on-going process and posed a challenge to the educational environment from which all participants ultimately benefitted. Post-secondary school for this student presented a whole new challenge involving some professors who were more accommodating than others. However, the student did successfully complete a degree. At this level finding a good fit of college program that would offer the support and guidance necessary to benefit of the academics was difficult. This parent reflected that ongoing work in social therapy was currently more critical to her child's success and potential to hold a job and is their current focus. On-going social training for the individual with HFASD is recognized as an important part of their assimilation to general society. The other parent is at the beginning of navigating the educational journey and has already encountered challenges concerning preparation and training.

The less experienced parent reflected that an unresponsive, unprepared school staff prompted removal of her child to an on-line program that addressed academic needs but by its nature limited social opportunities. Their search for a school program that could work with the behavioral and sensory aspects of the child's diagnosis and provide benefits of appropriate academics was undertaken. The quest for such a setting resulted in a move to a different county with programs that addressed sensory, behavioral, and social needs, turning a "behavior problem" in one school district, into a child able to "perform well with peers" with the support of an informed staff. This parent underscored the need for social training for the child with HFASD beyond what is offered in school. This ongoing social skills training is needed as the child begins the "journey in learning to navigate through a neaurotypical world." Successful inclusive placement of their child was achieved not only through social skills development on the part of the child but also through the awareness and training offered the school staff. An informed school environment establishes circumstances from which all social co-participants learn and grow.

The teachers identified "training that moved from the generic to specific needs of the child with [HFASD] were constantly required" to inform regular education teachers about the effects of a child with HFASD or any child with special needs. The training had to be “ongoing and a commitment on the part of administration as well as faculty and support staff.” Teachers noted that the “support of specialized staff and administration was critical to successful inclusion” and if it was not a priority, attempts at inclusion would fail. Therapists’ comments supported ongoing training as well as training for faculty outside of the specific educational setting that provided information to build a responsive classroom. Both parents and teachers observed that when “support staff work in collaboration to share necessary information, conditions for stronger learning communities evolve” that benefit not only special children but also their peer group. Therapists also noted that teachers often felt the addition of a child with HFASD was a burden and that they already felt overly taxed by requirements of school and district level program components. One therapist said that she could “sum up the greatest challenge of inclusion as being attitude on everyone’s part.” She also identified the need for university programs to provide more special education training for those entering the teaching profession. Efforts in parent education with respect to the general education students was additionally noted as a necessary part of building a strong and accepting learning community and parents had insight to parent orientation.

One of the parents interviewed suggested it would be helpful for parents of general education students to receive information concerning insights to the unique child (or children) that would be included in their child’s classroom setting. This information would provide some support for discussion of issues that might arise in the classroom. An informed parent could be the difference between teaching a child to be “nurturing” or “mean and degrading.”

Parent insight also identified that professional training needed to go beyond only understanding of the nature of the child with HFASD to facilitate understanding within the community. Parents, teachers, and therapists all stressed that training could not be focused on just the classroom personnel, but had to extend throughout the learning community to develop better probability of inclusion within educational and social settings. The need for effective communication of the individual child’s needs to professional staff, peers, and community at-large to develop educational and social environments responsive to that individual was likewise recognized by all informants.

### Request for Additional Thoughts

At the conclusion of the interview(s) I asked if there were any additional comments the informants thought important to share concerning inclusion experiences, the following insights further informed the view of the phenomenon. Parents, teachers, and therapists commented about the comorbid conditions frequently existing with an HFASD diagnosis and how effective educational communities manage stress that comes with transition. The HFASD diagnosis frequently experiences comorbid conditions that complicate the diagnosis. One therapist indicated that HFASD was frequently not diagnosed until later in a child’s life. As demands on a child change from school year to school year, and as the child advances chronologically, stresses and expectations produce more pronounced problems. Comorbid conditions emerge, which affects the educational setting and a child's behavior. Another therapist observed that anxiety and issues with depression complicate the HFASD diagnosis. Teachers recognized that communication among support staff within the school year and continuing from school-year-to-school-year was critical to the success of the child in reducing the stress of transition. Building an educational community where all stakeholders (children with HFASD, parents, teachers, therapists, peers) work collaboratively to address the needs of the educational environment will have the best chance of lessening stress and anxiety for the child with HFASD.

Parents, teachers, and therapists agreed that children with HFASD have much to learn from and much to offer an inclusive setting. Providing opportunities to create successful inclusive educational environments will affect social change but not without the education and training of all social co-participants. Parents, teachers, and therapists championed the idea of children HFASD being self-advocates. Being able to understand and accept who they are and share that information to make those in their environment aware and comfortable with their unique nature was a major concern. Younger children diagnosed with HFASD were acknowledged to need help with their introduction into a social setting or learning community. As students become older, their ability to represent themselves was an objective of social skills development that would directly facilitate orientation and training of staff and peers while alleviating privacy issues. When individuals with HFASD can identify their unique nature and orient their social co-participants to their needs, effective communication is established as well as productive environments.

Each informant group also identified the need to provide orientation to the peer group of HFASD students, so they would be prepared when they encountered odd behaviors in their inclusive classroom such as tics or difficulty participating in small-group or large-group activities. The therapists and teachers noted that children learning more about themselves (both special needs and typically developing peers) and “being able to speak up for themselves” was a critical component to “alleviating feelings of rejection and isolation” and misunderstanding. All children need to be aware of what they are confused or fearful of before they can develop relationships and friendships and function as active members of a learning environment or community at-large. Participants also noted children with HFASD need to develop an identity within the HFASD community.

Therapists added insight about HFASD students building self-awareness that they are different alongside an understanding that it is all right because everyone has strengths and weaknesses. One therapist stressed “also building a sense of community with others like them was an important part of accepting who they are and how they are.” The other therapist, as well as one teacher, observed that society tends to think of people with a disability as “unable” or incapable of doing things on their own. The teacher further observed, “there are few circumstances that disable a person so profoundly that they cannot participate in society.” Again, the education of teachers, students, and communities on “truly embracing the diversity that creates that community” is the only way society will learn to be inclusive according to the teacher. These themes underscored that the burden of fitting in does not rest only on the shoulders of the child with HFASD, but rests with all stakeholders in society (the child with HFASD, peers educators, administrators, parents, and community) and could be addressed by training and education. Training, education, and development of successful learning communities will effect real social change. The result of this project study will facilitate informing the community in which this research took place.

## Conclusions

Securing the insight of parents, teachers, and therapists who work with those diagnosed with HFASD provided data that was analyzed for themes of significant statements related to the common experience of inclusion. A phenomenological data analysis approach helped provide shape the meaning of the inclusive experience for children diagnosed with HFASD As a result of horizontalization and textual and structural description of data, the essences of participants’ experiences emerged. This analysis refrained from building theory and appreciated the powerful impact of understanding the participants’ lived experience (Hays & Singh, 2012). An analysis of data collected resulted in a narrative that illuminated the experience of people who are concerned about sustaining inclusive placements for their children with HFASD and building responsive learning and social communities.

In summary, themes were identified in responses relevant to Research Question 1: How do parents, teachers, and therapists feel behavior and social skills of the child diagnosed with HFASD affects their participation in inclusive environments? Analysis revealed clusters of data that highlight successes and problems for children diagnosed with HFASD as it relates to sustaining inclusion in general education settings and how social ineptness affects perceived behavioral problems. Information providing insight to Research Question 1 revealed three main needs: (1) the need to provide children with HFASD "the opportunity to participate in groupings where they can develop relationships," (2) the need for "a chance to interact with people who are different," and (3) the need for consideration of the individual nature of the child with HFASD. Insights to these three ideas were determined from comments made involving the impact of social skills and behavioral components of a HFASD diagnosis on the inclusive setting (Table 1).

Table 1

*Sampling of Comments Reflecting Themes of the Interviews Addressing Research Question 1*

| Theme | Comment |
|---|---|
| Nature of the child and need to interact with peers | Parent/Teacher/Therapist: Provide “general orientation to ASD”… “Share specific information about individual children” |
| | Parent: Concern “they can end up being a target for bullying” … Which effects “self-confidence and self-esteem” |
| | Parent: Provide “a chance to interact with people who are different” |
| | Teacher: Provide “the opportunity to participate in groupings where they can develop relationships” |
| | Teacher: Provide “insight to what does and doesn’t work with these kids” |
| | Teacher: “Bullying cannot be promised not to happen…it is part of a social setting they need to learn to deal with it.” |
| | Therapist: Need “to see them in the moment… understand what the child looks like in a social setting”…Benefit “exposure to ‘typical children’ and get them to observe typical behavior” |
| | Therapist: “Bullying may look different in different settings…at times not so in your face but laughing at not with the child (with ASD)” “Children with ASD have to learn how to handle different situations…understand what their options are.” |
| Impact of social skills training on inclusion and academics | Parent: Provide “social skills training that is benefitting them in a way they can understand their uniqueness” |
| | Parent: Observation “it is difficult for the special child to function in general society due to deficits in social skills” Observation “it is important to know what was working for a period of time may not work in the future” |
| | Teacher: Observation “parents do not recognize their social needs… they often think of only their academic |

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| | performance…social training is extremely necessary for the child” |
| | Therapist: Observation “if they cannot play well with peers…make good social choices, it’s going to impact them mentally and emotionally” |
| | Therapist: Training “there is not a support system for training these kids in ‘real time’ on social issues”… “they need training in the school setting and outside the setting” |
| Behavioral needs of the child diagnosed with ASD impact on academics and settings | Parent: “if behaviors are handled in a negative way, then it will have a negative impact on the child, his self-esteem, and personality” |
| | Parent: Uniqueness “pretending was my child’s way of zoning out of this world and thinking about the ‘other world’ he is more comfortable in” |
| | Parent: Unable to do something “child would wander off…staff had no idea what to do so if child was quiet they left him alone…damaging attempts at inclusion” |
| | Teacher: Creative alternatives “a teacher could ask test questions verbally and receive verbal responses from the child” |
| | Teacher: “Every child in the classroom getting and understanding material except for one student…explain it or present it differently in order for the material to be understood by that one child, that may present a problem for a teacher… support may not be available to maintain child in classroom for special teaching” |
| | Therapist: Distracting behaviors “pacing and talking to self out loud, was an annoyance” |
| | Therapist: Disruptive response “there are times when a student might deliberately set up a child for an overt response, a response that would get the child into trouble and the teacher does not recognize the ‘trigger’ but reacts to the child’s disruptive response…teachers need to raise awareness of these scenarios.” |

Additional themes emerged in response to Research Question 2: What types of support, training, and professional development need to be provided to ensure students with HFASD are being assimilated into inclusive learning environments? Those themes included the need for development of a collaborative team working together year-to-year as children progress through their educational journey. Awareness and orientation of the peer group and their parents involved in inclusive initiatives was noted as important to the success of inclusion but also an inroad to building an accepting community. Training that moved from the generic to the specific needs of the child need to be a commitment on the part of staff and administration. School-involvement was the way to develop a welcoming and integrated learning community that welcomed the diversity found in our society (Table 2).

Table 2

*Sampling of Comments Reflecting Themes of the Interviews Addressing Research Question 2*

| Theme | Comment |
|---|---|
| Training and support necessary to create productive educational environments | Parent: “collaboration stops if we are not vigilant about monitoring the IEP”<br>Parent: “entire school needs to be educated, teachers, peers and their parents”<br>Parent: “teachers need to be willing and able to try different things to help my child”<br>Parent: “sometimes teachers do not have the support they need to |

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| | address my child's needs" |
| | Teacher: "parents need to be honest about what is happening in their child's diagnosis, share information that can help people understand" |
| | Teacher: "Parents need to trust you (teacher). They need to know that we (teachers) are there for their children as advocates." |
| | Teacher: "Parents cannot set up an 'us vs. them' attitude in an IEP meeting" |
| | Teacher: "Needs to be communication from year-to-year as the child progresses" |
| | Teacher: "teachers need to develop a 'toolbox' that broadens their ability to be innovative" |
| | Therapist: "teachers need training in general about ASD but they also need specific information that will help them provide support needed by the individual child" |
| | Therapist: "teachers need support staff and ongoing intervention to educate themselves and peers about the special child" |
| | Therapist: "biggest challenge to creating a successful inclusive experience is the attitudes all participants bring to the situation" |
| | Therapist: "parents need to understand they cannot shield their child from negative encounters, that is part of the learning process" |
| Attitudes, building responsive classrooms, university, and parent education | Parent: "regular education teacher is supported by a special education teacher and BOTH have assistants…" |
| | Parent: "send home information about the special child in the class …parents have information to discuss things that happen in class" |
| | Parent: "social therapists, psychologists, physical therapists so they could supply basic guidelines as what to look for and ways to deal with the ASD child." |
| | Teacher: "very helpful if during in-service time's teachers, librarians, P.E. teachers, guidance counselors all receive some kind of training…the people who should come and talk include |

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| | Teacher: “training needs to be a school wide commitment from administrators to teachers, parents, and peers” |
| | Teacher/Therapist: “our universities need to provide more training for all who are entering the teaching field” |
| | Teacher: “Learning ways to help the ASD child academically can help eliminate frustration.” |
| | Therapist: “Inform the peer group about what they may see and experience” |
| | Therapist: “form a ‘buddy’ program where peers help the child with ASD work through their day” |
| | Therapist: “the peer group needs to be worked with over time, this is not a one presentation deal…they need to understand that they will see different things on different days…validate that things they will see are sometimes funny or scary…encourage building relationships so they treat all people with respect” |
| Involvement of the community at large | Teacher: “it would be helpful if the student with ASD is involved with activities…outside the classroom” |
| | Teacher: “preconceived stereo-types…make people fearful or uncomfortable…but given a chance to interact with people who are different most people are accepted.” |
| | Therapist: “some parents choose to place their child in a specialized school or in a homebound program…this might deprive their child exposure to the world which needs to be seriously considered.” |
| | Therapist: “We talked about educating and informing teachers and students but I think we have an obligation inform communities about truly embracing the diversity that creates that community and learn how to be an inclusive society. |

Additional thoughts and comments further informed understanding of inclusion. Several thoughts echoed importance of raising awareness and sensitivity. Observations that called for outreach to the community at-large were also noted. Building an accepting and inclusive society rested with many people, not just those seeking acceptance. The community must be included in efforts to create acceptance of a diverse society and the momentum for acceptance could start in the schools (Table 3.) Embracing diversity challenges the status quo and requires efforts to engage and inform society beyond the classroom. The project of my study does just that. This information gives voice to a special population that is impacting society and has much to contribute once successful integration of those with high functioning ASD is achieved thereby affecting significant social change.

Table 3

*Sampling of Comments Reflecting Themes of the Interviews Addressing Research Question 3*

| Theme | Comment |
|---|---|
| The AD diagnosis and comorbid conditions that complicate the diagnosis | Parent: “low self-esteem effects the child, emotionally, academically, and spiritually and must be handled with great care by trained professionals”<br>Teacher: Demands of environment “ sometimes noncompliance with directives because they don’t understand an activity or it is something they are not good at looks like disobedience but their reaction is the anxiety they are feeling. They might ‘explode’ or cry uncontrollably”<br>Therapist: Challenges “teachers and staff who do not understand the diagnosis…don’t know how to deal with the situation to the detriment of the child…create self-esteem issues and a lot of times depression and anxiety” |

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| Self-advocacy | Therapist: “children diagnosed with ASD need to learn enough about themselves and their diagnosis to be self-advocates…able to speak up for themselves and explain their situation…feel good about themselves and thereby make people feel good about them”<br>Parent: “there is the need to teach people about people with disabilities…they are not contagious and much can be learned from knowing someone with a disability.”<br>Parent: “Our favorite saying …’it’s not easy being green’…but the green people are here to teach the ungreen people things they should know such as character, integrity, compassion, understanding, patience, and kindness, just to name a few.”<br>Teacher: “parents need to know we are there as an advocate for their child but training the child to advocate for themselves is a necessary part of their social development and training.” |
| Identify within the ASD community | Therapist: “Children with ASD want to be part of the peer group but they also need to be able to identify with others like themselves.”<br>Therapist: “building a sense of community with others like them is an important part of accepting who they are and how they are” |

## Evidence of Quality

Hays and Singh (2012) cite three components of the research process needed to evaluate the quality of qualitative research which included: (1) the research design including focus of problems, objectives of the research, and data collection procedures; (2) phenomenological data analysis that includes horozontalization, textural and structural description, and the emergence of themes; and (3) the narrative report which provides the essence of the lived experience of the phenomenon. They contended that "quality judgments rest with the process and outcome of the qualitative research" (p.197), and "Additionally the researcher, reader, and participant are responsible for determining the rigor, with the researcher solely accountable to research design" (p. 197). Section 2 shares the insights of collection and analysis of the data. It likewise provides a narrative of the results of analysis. As with any research, validity and limitations of the study must be considered.

## Validity

It is recognized that due to the small number of participants in the sample size and no use of standardized tools or controlled conditions, external validity is limited; however, information generated by this research design can be used to understand the inclusive experience due to triangulation (Stake, 2005) and telling of the story about the lived experience (which is why this method was chosen in the first place). Unlike the use of standardized testing or experimentation used in quantitative research, qualitative case study must establish use of protocols that validly interpret data reported.

I established triangulation through the analysis of transcribed experiences generated from interview of three informant perspectives and field notes (Hays et al., 2012). In addition, I used member checking by inviting the participants to review their interview transcript for accuracy to further validate findings. Interviewees were electronically provided their interview transcript to review for accuracy of content (2012). They were asked to make any comments to further expand on comments they made. None of the participants returned comments directly effecting the content, but three did critique their answers for awkward grammar and the emotional response provided. Those who made comments about emotional responses (both parents) recalled my follow-up with them to clarify disappointment they referred to and said they understood why I pursued clarification.

Finally, asking a peer to review results and ask questions about the study illustrated how the narrative was received by someone other than the researcher (Creswell, 2003). I asked a special education teacher, who was not a participant of the study to review the analysis. I explained the process of case study and phenomenological analysis. She understood the use of case study and moving through horozontalization of interviews and textural and structural description to determine themes. I did not mention the follow-up with parents that was completed, but she suggested that I "might want to find out what was involved in their disappointment." She likewise indicated that she felt comments about specific people or programs "don't seem to describe the phenomenon as much as it seems a critique of a person or program." After her review, I explained that I did complete follow-up with the parents, and she agreed that was a "good call." She indicated that the greatest criticism of the study would be that it only represents these specific experiences, but also noted people in the field will "see their own experiences reflected" which "will give weight to findings." This process reflects limitations of the study.

## Limitations

In this study, insight of parents, teachers, and therapists of children diagnosed with HFASD provided information about the experiences of a limited number of people in one school system. This is a delimitation that may affect application of findings to a broader population. The case study approach imposes a bounded system of information gathering. The phenomenological approach to data analysis was taken to layer the responses. This process created a picture of the experiences that offered insight to successes and problems that exist with people dealing with sustaining inclusion for their children diagnosed with HFASD (Creswell, 1998). The insights provided, via varied resources and perspectives, lend an understanding of the phenomena (Patton, 2002) of inclusion and highlight successes and issues involving sustained general education placement of children with HFASD.

## Project Derived from Results

Section 3 provides a description of the project, rationale of genre, and consideration of the data analysis. Additionally, it will offer reflections of how the problem of the study will be addressed through the content of the study and implications of possible social change. Section 4 will discuss the strengths and limitations of the study. It will also include an overall reflection of the importance of the work and what was learned as a result of the study and personal insights gained. Section 4 concludes with discussion of applications and directions for future research.

# Section 3: The Project

## Introduction

Locally, in a school district in Western Tennessee, increasing numbers of children diagnosed with HFASD are being referred to a partial hospital program for higher levels of behavioral intervention. These children are in jeopardy of being placed in more restrictive settings due to weak social skills and problematic behaviors. The study involved gaining insight to the inclusive experience, which illuminated the successes and issues with inclusion for children diagnosed with HFASD. The purpose of the project involves the dissemination of information concerning the high functioning autism diagnosis and how that diagnosis affects the inclusive general education experience. The project includes time to delivering professional development sessions for teachers and therapists of the hospital staff and to the resource departments of the district public and private schools. Additionally, there will be orientation presentations for student interns starting practica at the partial hospital program where children diagnosed with social and emotional issues are served.

The first goal of the project is to establish a working definition of HFASD as well as a definition of inclusion as it relates to the lived inclusion experiences reported by informants of the study. Informant was used to illuminate the impact of HFASD in the educational community and the need for development of authentic inclusive initiatives. Another goal of the professional development is to raise awareness about challenges to inclusion, as well as strategies that work to nurture inclusive educational environments. The final goal of the project is to create a platform for discussion that will help establish development of strategies that can nurture authentic inclusive experiences for the child with HFASD. These discussions will provide a forum to formulate plans of action that will affect refinement of existing inclusive classroom programs as well as development of new initiatives. Authentic inclusion programs will serve to educate the school environment about embracing diversity and will facilitate acceptance and support within the community at large, resulting in significant social change.

Within the study district, public school professional development days are scheduled throughout the school year and consist of 1 day of in-service running from 9 a.m. to 4 p.m. Private schools in the area follow the same format. The hospital setting that provides professional development for staff and orientation to student interns creates in-house professional development as well as special training driven by current staff and program needs. Staff-wide professional development usually consists of a half day of in-service presented in house. Orientation for interns at the hospital is recurring throughout the calendar year as new students enter intern slots at the beginning of each college term. For the purposes of this presentation, the clinical director of the hospital agreed to opening the professional development presentation to public school and private school resource and support staff (of schools with which the hospital has an established relationship) and running two, 1-day sessions. Attendance of hospital staff will be split between the two presentation days.

One day will focus on public school personnel and the other on private school personnel. The reason for this division is due to the nature of the different needs that drive inclusive programming for the public and private school systems. Public schools are mandated to serve all students in their least restrictive setting; yet, private school systems have more latitude to decide what and whom their educational mission will encompass. Although both systems will benefit from the insights shared in the professional development sessions, each will use that information in different ways. One of the goals of the presentations is to provide a platform for discussion of how the insights might impact current inclusive programming and development of plans that can be implemented as a result of discussions initiated as part of the professional development sessions. Separate days will allow discussions to be targeted to audience objectives. Orientation for the interns of the hospital will only be a part of their orientation day. Because the hospital serves a range of children with social and emotional challenges, the HFASD population is only one aspect of programming that the interns will be introduced to and, therefore, will constitute only part of their training day. This part of intern orientation will be repeated throughout the school year as new interns enter the hospital system each college term and orientations occur. The discussion and the planning time will be eliminated from the intern presentation although time for question and discussion of clarification of session information will be included.

This project is intended to provide three professional development presentations entitled *Perspectives About Sustaining Inclusive School Environments for Children with HFASD* to four target audiences, public and private school support staff, hospital staff, and interns of the hospital. The goals of each presentation will include the establishment of a definition of HFASD and inclusion in educational settings. The sessions will additionally provide insights about challenges and successes in the development of authentic inclusive programming. For the hospital, public school, and private school participants, the sessions will provide an opportunity to discuss information as it applies to their educational environments as well as formulate plans of action to apply insights gained during the sessions to amend, enhance, and develop inclusive programming. The intern orientation(s) will focus on providing working definitions of HFASD and inclusion that will affect some of the patients and programs that the interns will encounter during their practicum. They will better understand the recommendations and treatment plans they will take part in creating during their practicum at the hospital.

## Rationale

Establishment of definitions of HFASD and inclusion will be the priority at the beginning of the sessions. It will be important to establish a common understanding of what participants will be focused on during the activities and discussion that will be presented as part of the professional development day (Appendix E). Additionally, both the professional development and orientation presentations will employ experiential activities that help define the child with HFASD difficulty with interpretation of environmental cues and the difference between cooperation and the collaboration needed (Appendix E) to build successful learning communities. These activities will provide experiences from which a common understanding of the child with HFASD can be built as well as an idea of the collaboration that is needed to advance initiatives of inclusion. Based on these activities, teachers, therapists, and resource personnel will be able to start the dialogue to address the needs of children with HFASD.

Children with HFASD are served by both the hospital and public/private school systems. This joint professional development opportunity will aid in pioneering changes in classroom and school communities through the application of insights and problem solving dialogue started in the professional development session. These stakeholders, who are the program developers and collaborators who are charged with the provision of effective inclusion experiences, will gain insight from the experiential activities and study information from three perspectives of the phenomenon. This opportunity will build on successes identified, as well as note challenges, that hold back effective inclusive programming and provide an initial platform for problem-solving exchange.

The case study genre allows information to emerge that is not limited by predetermined or experimental expectations (Hays et al., 2012) to which a quantitative study ascribes. Presenting a picture of the nature of children with HFASD in inclusive settings and providing opportunities for questions and discussions of information during professional development sessions will both raise awareness and start an ongoing dialogue. Discussion of the issues and concerns of the diagnosis, identified in the study, reach beyond addressing needs through generic accommodation checklists that are commonly used in the school district. Once this information is shared, decision makers in educational environments will know how to better address the problem of children with HFASD being sent to more restrictive settings. School programs that include support for children with HFASD, as well as the responsibilities the staff and administrators have to create informed classrooms, will be able to successfully maintain children with HFASD in general classroom settings.

## Review of the Literature

In this literature review, I underscore how the compromised social skills of children diagnosed with HFASD may come in conflict with behavioral standards established in schools and districts (Frost et al., 2010; Obiakor et al., 2012; Warrington & Young, 2011). This conflict affects continued inclusive placements. An instrumental case study approach gave a voice to groups that work most closely with children with HFASD, thereby clarifying insights to the lived experience to which educational environments must respond (Blask, 2011; Camuso, 2011; Ryan, 2010). Three different groups allowed for reflection from three perspectives of the same phenomenon, which provided insight concerning issues with social skills, behaviors, and training needed to establish productive learning environments. It also identified successful aspects of programming that can be capitalized on when building an inclusive learning environment.

The project offers an opportunity to address issues with inclusion and take a proactive approach to creating environments prepared to support inclusive educational placements for children with HFASD that have been the focus of many studies. Ainscow (2007) pointed out the educational community is confused about the meaning of inclusion. Parents pointed out that just because children are in a general education class it does not mean they are included in the dynamics of the classroom. To establish an inclusive environment, thinking, talking, reviewing, and refining social practices are required (Ainscow, 2007). Professional in-service training will provide an opportunity for information gathering and a platform for discussion of issues with inclusion for children with HFASD.

Separate systems of educating are being challenged (Ainscow, 2007). Although there are federal mandates to assure least restrictive educational environments that encourage inclusion (IDEA1997), teachers lack a well-rounded understanding of the law, and the preparation of teachers in the field needs to improve (Barned, Knapp, & Neuharth, 2011; Garrish & Shimoni, 2011). This belief was reflected in all informant perspectives during the interviews. Perceptions of the inclusive environment vary, and beliefs and perceptions about inclusion affect establishment of inclusive initiatives.

Providing an opportunity to establish common language and understanding of inclusion through in-service and workshops will allow school communities to start a dialog to develop a common understanding and definition of the child with HFASD and to facilitate more effective decision making and program planning.

Inclusion demands building new relationships between teachers and learning and the development of a new way of thinking (Ainscow, 2007; Roberts & Pickering, 2010). The teachers interviewed had a positive attitude toward inclusion, but they did acknowledge that all teachers and administrators did not necessarily feel the same. Berry (2010) found that teachers who have confidence in their teaching ability tend to have a positive attitude toward inclusion. Likewise, Berry found that those with negative attitudes toward inclusion believe that it makes too many demands of the general education teacher and that special needs students are better off in special education settings to address their particular needs. In general, newer teachers appear to have a more positive attitude toward inclusion than experienced teachers (Male, 2011). Administrators may find it difficult to embrace inclusion because established programs value homogeneity and may look unfavorably at the challenges that inclusive initiatives create. School personnel are socialized to a system that supports the status quo (Ryan, 2010). This may also be true of experienced teacher attitudes. Ryan (2010) pointed out that administrators must create opportunities for school communities to take an active role in the development of programs and policies that entrench inclusion in the school.

Professional development workshops provide the forum for teachers, support professionals, and administrators to hear about insights to inclusion and begin planning that will nurture the development of school environments that embrace the diversity that comprises our school communities.

Parents seeking the best available programs to address their children's needs are frequently frustrated in their search for the best fit, as was described in the parent interviews. Parents reflected successes and failures in their quest for responsive programs. Their frustration cited, in particular, a general lack of insight and understanding of children with HFASD among school staff and administrators. Researchers have identified the need for parents to be involved in informing the training of practitioners (Frost et al., 2010; Ivey & Ward, 2010). There is a need for collaboration between stake holders to provide the most appropriate and least restrictive environments for students. Using in-service as a tool to encourage collaboration enhances the chances of developing effective programming (Blask, 2011; Khor et al., 2014). Workshops that provide a platform to more parents to share challenges and successes of inclusive programming will also add to the effort to develop responsive inclusive programming (deBoer et al., 2010).

Because the teachers interviewed had experience with children diagnosed with HFASD, they were able to comment on the type of preservice and in-service opportunities that facilitated the establishment of inclusion. They stressed the need for a more generic foundation concerning autism and then moved into specifics about the individuals for whom they would be responsible to provide programing. Therapists stressed that the creation of programing was not solely the responsibility of the teacher, but rather the result of collaboration between support staff (in and outside the school setting), administrators, parents, and peer groups. Multiple researchers have revealed the importance of teachers and support staff establishing a basic understanding, as well as a sensitivity, to the unique nature of each child with HFASD (Barned et al., 2011; Gavish et al., 2011; Male, 2011). This observation was also reflected through analysis of the interviews. Inclusion is an individualized process that must consider the best options to address the needs of the individual child (Cammuso, 2011; Skeele & Russo, 2011). Therapists further noted that parents might be inclined to place emphasis on the academic needs of the child and be less focused on the social aspects of the diagnosis. Cammuso (2011) stated that the least restrictive learning environment should provide content learning, but also social skills development that would aid HFASD in living in the real world successfully. Social skills development was acknowledged as a need in the development of successful inclusive initiatives by all informants. Professional development workshops would provide the chance to discuss and plan formats for informing school communities about the needs of individual students.

A part of the diagnostic criteria for HFASD includes impaired social skills development (*DSMV-V*), and social skills training is a major emphasis of an inclusive setting. This development, however, is not restricted to children diagnosed with HFASD but extends to the school population at large. Parents need to share information about their children with teaching and support staff (deBoer, 2009; Frost et al., 2010; Obiakov et al., 2012). The peer group also needs an orientation to the unique nature of children with HFASD becoming a part of their classroom and how best to interact with their special needs peers (Cammuso, 2011; Casale, 2012; Swedeen, 2009). Understanding the social nature of the individual child allows the classroom environment, as well as the school, to develop a shared understanding of what inclusion is and what it looks like in social context (Frost et al., 2010; Jahromi, Meek, & Ober-Reynolds, 2012; Obiakov et al., 2012). The ability to socially support children with HFASD improves the behaviors of all social participants and achieves community building, which should be the ultimate goal of the learning environment (Casale, 2012; McLaughlin & Rafferty, 2014). Students with and without disabilities should have the opportunity to interact and contribute across school environments, supporting each other (Swedeen, 2009). The development of socialization skills positively affects cognitive growth and behavioral abilities (Blask, 2011; Spek, Scholte, & VanBerckelaer-Onnes, 2010) which was revealed as a concern of informants and an objective of programming. In-service and preservice training create the opportunity for collaborative initiatives of program development. I stopped reviewing here due to time constraints. Please go through the rest of your section and look for the patterns I pointed out to you. I will now look at Section 4.

Teachers expressed the need to inform the nondisabled peer what behaviors to expect in classroom exchange. Therapists echoed the need to prepare for distracting, and maybe disruptive, behaviors. Parents revealed insights to coping behaviors as well as fears about their child being the target of bullies. Behaviors of all social co-participants either support the development of students who are equipped to participate in an inclusive society or encourage continuation of marginalization and exclusion of those with HFASD (Obikov et al., 2012). The data reflected individual, common, and unanticipated findings that provide guidance allowing creation of awareness, support, and policies that will build classroom environments that work. Researchers acknowledge that the shift to inclusive educational environments in the past fifteen years impose challenges but also the opportunity to create a more responsive society (Humprey & Ralph, 2010).

In-service training and workshops supply information that empowers students, parents, teachers, and therapists to actively create successful educational environments. The expression of concern in the interviews about bullying, creating friendships, and self-awareness reflect research that underscores the importance of social skills training that educates not only the child with HFASD but also their social co-participants (deBoer, 2009; Frost et al., 2010; Humphreys & Symes, 2010; Locke, Ishijima, Kasari, & Londob, 2010; Obiakov et al., 2012). Teachers expressed concerns about their own preparation to receive special needs children into their classroom as well as the specific information they needed about each child for which they would be responsible. Several studies indicated that teacher training, as well as specific information about the children with HFASD, was needed to allow the teacher to adjust strategies and environments to receive special needs in the classroom (Casale, 2012; Frost et al., 2010; Obiakov et al., 2012; Turk, 2012). The need for training and support was also reflected in therapist and parent feedback. Multiple studies stressed that support for the classroom teacher (from special education staff and administration) was needed to ensure that effective academic and social skills programming could be provided (Blask, 2011; Casak, 2012; Turk, 2012). Establishment of an informed, common language, which guided techniques that identified and addressed issues of the classroom, needed to be entrenched in the learning community (Beecham & Rouse, 2012; Lalvani, 2013; Ryan, 2010). Lack of funding, resources, planning, instructional time and training were barriers to inclusion (Frederickson et al., 2010; Ryan, 2010). It was the opinion of the teachers interviewed that training needed to be addressed through the courses required of teacher preparation programs. Training should also be on-going education for staff.

All informant groups indicated that training for the peer group was a critical component of creating an accepting and supportive social setting. Awareness was identified as a need beyond the classroom. All informants also alluded to the importance of an orientation to the community of the special nature of children with HFASD. Such an orientation would require changing society norms and developing new ways of thinking (Ainscow, 2007; Kaland, 2011). Societies' knowledge is generated more from life experience (or lack thereof) rather than formal education (Barnard et al., 2011). More inclusion within an educational environment is not enough to integrate students (Lalvani, 2013). Development of sensitivity training of school peers and personnel is only a first step to sensitizing the community to the child with HFASD and carries with it the greatest influence on success or failure of developing environments of inclusion (Humphreys & Symes, 2010). Informant parents identified the need to educate the parents of their children's peer group to provide information that would be useful to discuss situations that might transpire in the classroom. Creating these supports nurture the respect, care, and empathy needed to challenge beliefs/practices that directly or indirectly encourage the continuation of marginalization and exclusion (Obiakov et al., 2012; Bennett & Heaton, 2012). Development of shared philosophical and community values requires involvement at the community level to encourage participation and provide opportunities that begin to achieve social justice trough a truly integrated society (Frost et al., 2010; Obiakov et al., 2012). The resulting project provides information to the major stakeholders, making them more aware of the viewpoints of groups with whom they work closely. In the future professional development will also target outreach to the community, which although noted as a need in studies, is not identified as a focus of research.

## Implementation

### Resources, Supports, and Barriers

This projects' purpose is to inform therapists, teachers, and interns through professional development presentations at a partial hospital setting in Western Tennessee that serves a client base of children with social and emotional challenges about issues sustaining inclusion for children with HFASD. A presentation during professional development sessions will help establish working definitions of HFASD and inclusion, inform the therapeutic team and school resource personnel of the insights and concerns which parents, therapists, and teachers have expressed concerning inclusion and authentic incorporation of children diagnosed with HFASD into learning and social communities. An intern/hospital staff orientation presentation will inform students from a local university completing practica with the hospital and hospital staff about the HFASD definitions, diagnosis, and issues and successes involving inclusive initiatives for local public and private schools. The location of the presentations will be at the hospital setting. The presentations will be delivered at separate times, in a large group meeting room, containing a flip chart with stand and laptop projection capabilities. I will provide materials for exercises on collaboration and communication included in the presentations (Appendix E).

Support for the presentations has been extended by the clinical director of the hospital. He supervises all in-service and professional development of the therapeutic staff. He also supervises the practica for university students and presents an orientation to the university students, which will now include a segment about HFASD. These groups will hear the insights of the study, engage in collaboration and communication activities (Appendix E), and be encouraged to discuss and organize their thoughts about creating recommendations that foster successful inclusive initiatives.

A potential barrier for the project is limitation of presentations to only groups that take advantage of the hospital services and programs. Private and public schools within the district, with whom the hospital has established relationships will be extended invitations to participate in the professional development presentation days. The benefits of the presentations will be limited to those schools that send representatives to the presentation. The invitation to resource departments of public and private schools in the district will deliver information and an opportunity to begin plans of action to impact inclusive initiatives but follow through on plans will ultimately be determined by the priority given by each school.

## Proposal for Implementation and Timetable

The opportunity to share the insights of the study will affect decision-making processes about programming from the classroom to districtwide levels. By informing hospital staff who have direct input to the schools, via students returning from their hospital admission, information will be dispersed. Additionally, district resource personnel who attend will have information they can carry back to their schools and districts to impact the services and planning they do for their students with HFASD. Locally, the issue of children with HFASD being placed in more restrictive settings will be positively affected. The decision makers who receive the information will gain insight affecting creation of inclusive learning and social environments.

The presentations will provide information and starting dialogue that will guide the development of authentic inclusion that needs to occur as these students who are part of learning communities and were patients of the hospital setting participate in their classrooms and schools. As schools take advantage of input of hospital staff and training, teachers and resource personnel will have the opportunities to understand the social and behavioral deficits of students with HFASD. Once they understand these, they can proactively deal with social situations that may trigger behaviors before they become problems, therefore, minimizing the behaviors and the probability of student's removal from the mainstream classroom. This will effect positive changes in planning and the creation of effective inclusive initiatives. Social and behavioral challenges place many of these children with HFASD in violation of established policies and protocol. Information from the professional development sessions will prompt discussion of protocol dealing with infraction of policies and needed revisions to policy.

The professional development presentations have been tentatively set for the Spring of 2016 at the hospital. The information and insights gained will be shared on an ongoing basis with the public school and private school personnel as the staff of the hospital works with patients admitted to program and re-entering their schools after treatment. The orientation training provided to the university students completing practica with the hospital would be scheduled as an ongoing component of their orientation to the hospital setting as new students arrive each term. Additional opportunities to inform local schools and community service providers on results of this project study will become available as requests to the hospital are made to provide insights about HFASD through additional in-service and professional development. The platform for discussion will start with the professional development presentation and result in plans of action to be taken back to the schools of the district. The greater the success achieved by generating discussion through the information and experiences of the presentation, the better chances are for opportunities to develop successful inclusive initiatives. By educating professionals, peer groups, and students with HFASD about what it will take to successfully collaborate with each other in social settings, a truly inclusive society will evolve. Through understanding gained and active development of authentic inclusion, real social change will emerge.

## Roles and Responsibilities of the Student and Others

There will be several roles that are involved in the project. First and foremost is my role as presenter of the professional development and orientation sessions. Working with the clinical director of the hospital to establish dates and times of presentations is key to dissemination of study findings. Because the clinical director is responsible for the training incorporated into the professional development and in-service of the hospital his program of professional development is an ongoing process and consists of the times selected and scheduled for technical or didactic training being made to the staff. Orientation of students from the university coincides with the start of each term during which new practica students receive orientation to the hospital programs and services.

Once therapists of the hospital program receive this information they will be positioned to better understand the dilemma of more restrictive educational placement of the patients admitted to the program with diagnosis of HFASD. They will gain insight to the struggle for the students and parents to educate their learning and social communities to the awareness and support required to integrate children with HFASD. Teachers of the hospital setting will be positioned to make recommendations to both the administrators and classroom teachers of the students served at the hospital. These recommendations will foster proactive program placement and development as a result of being more aware of challenges to inclusion and need for collaboration by stakeholders. This insight will help guide the dialogue between parents, teachers, and administrators that will identify changes needed for the individual child with HFASD to succeed in authentic opportunities of inclusion. The student interns will also be better able to approach patients with a diagnosis of HFASD with an understanding that the textbook descriptions of the diagnosis cannot provide. The insight presented through orientation will give them awareness about working with and adequately supporting the child with HFASD. Their sensitivity to the individual nature of the child with HFASD will guide their interactions and contributions to the patient's treatment plan while they are in their practica as well as when they are practitioners. All parties will be reminded and better informed of the collaborative nature of development of inclusive initiatives for the child diagnosed with HFASD and be able to nurture environments of collaboration to better serve the children and their families as they create successful inclusive experiences.

## Project Evaluation

Information about informing school environments about children with HFASD and the collaboration needed to create successful inclusive initiatives was reflected in data analysis of the interviews. This ~~insight~~ has ~~also~~ been reported in current research (Blask, 2011; Berry, 2010; Frederickson et al., 2010; Swedeen, 2009). By presenting findings at the professional development meetings valuable, lived insights can be shared that will catalyze positive change in services for the child diagnosed with HFASD. In this project, evaluation of the presentations will be conducted by asking therapists and teachers of the hospital, resource personnel of the school district, and students serving internships at the hospital for feedback. Summative evaluation of the professional development and orientation presentations will be done following each presentation. A reflective questionnaire (Appendix F) will be distributed requesting presentation participants to rate (Likert scale) the quality of the content, clarity of presentation, and whether the promised focus of the presentation was fulfilled. There will also be a final question requesting any additional feedback, including, but not limited to, additional topics concerning (a) HFASD, (b) raising awareness of HFASD, and (c) program development. Use of this tool will provide feedback about the quality of the information provided as well as solicit further information involving development of effective inclusive initiatives.

The immediate feedback from professional development and orientation sessions will identify strengths and weaknesses in the presentation format and indicate if a better understanding of HFASD and development of successful inclusion programming was achieved. It will also solicit information that may affect inclusion of additional information in future presentations. This type of evaluation will provide feedback that will allow me to craft future presentations that target the questions and comments made by participants of the professional development and orientation sessions. Because one of the goals of the presentations is to create a platform of discussion about development of successful program initiatives for children with HFASD, this evaluation method will help me develop future presentations that will keep the discussion ongoing.

## Implications and Conclusion

The feedback provided by the study illuminates the inclusion experience for some children diagnosed with HFASD. Admission records of a partial hospital system that deals with children having social and emotional issues effecting their continued participation in inclusive school programs and daily activities established that there is a steady increase in children admitted with a diagnosis of HFASD. These children require higher levels of behavioral intervention due to possibilities of being programmed into more restrictive settings that would limit opportunities of developing social skills that would facilitate assimilation of these children into society. School districts charged with the responsibility of programming must respond to the call for least restrictive educational placements for children with special needs (IDEA, 1997: NCLB, 2001) and provide inclusive educational settings that will nurture assimilation of children with HFASD into society (Casale-Giannola, 2012; Swedeen, 2009; Samson, Huber & Gross, 2012). Providing professional development workshops that inform teachers, resource personnel, and therapists involved in making recommendations to parents and school personnel will provide insight that will guide their advice. Discussion about social skill development on the part of the child with HFASD as well as their neurotypical peers will serve as a starting point to create collaborative educational settings that recognize differences and accommodations needed to help all social coparticipants succeed. Raising awareness for student interns about the nature of HFASD and the support needed to successfully work with children diagnosed with HFASD will begin to infuse informed new practitioners into established systems of hospital and educational services that need to make changes (Ryan, 2010; Locke et al., 2010). Informing stakeholders and establishing opportunities for collaboration ~~to take hold~~ will encourage effective inclusive initiatives to be created (Blask, 2011; Casale- Giannola, 2012;; Jesen, Gray & Taffe, 2012; Mazefsky, Kao & Oswald, 2011; Turk, 2012) by addressing the challenges presented as roadblocks to successful inclusion.

As feedback is received about the presentations, additional information will be prepared for presentations, and materials in response to the evaluations of those who will foster and support inclusion of the child with HFASD into educational and social communities. Opening the lines of communication concerning valuable information about HFASD and the need to know more through discussions and questions by the major stakeholders, a platform of dialog will be created. This platform brings with it the opportunity to foster a dynamic exchange that will create an awareness of HFASD and open communities to the levels of support in which they must invest to embrace the diversity that creates every community. Evaluation of this ground level attempt to create the dialog will give direction to additional presentations that will foster continued exchange about people with HFASD. The final section of this paper will provide reflections on the significance and projected application of the study.

In Section 4 I reflect on the project's strengths and weaknesses as well as ways to address the problem of the study differently. I also present an analysis of myself as a scholar, practitioner, and project developer. Finally, an overall refection of the importance of the work, as well as implications of application and directions for future research is made. The opportunity to share the insights of professionals, families, and the community at large and fuel active communication of learning and social communities will result in significant social change.

# Section 4: Reflections and Conclusions

## Introduction

The results of this project study (which included data collected from two parents, two teachers, and two therapists who work with children with a HFASD diagnosis and who have experience with inclusion in general education classrooms) provided insights concerning the effects of social skills, behaviors, and training that affects successful inclusive experiences as reviewed in Section 3. Section 4 includes a reflection on the project strengths and limitations. It also includes a discussion of what the findings revealed and the importance of the work involving the development of successful inclusive initiatives. An overview of the development of the project and alternative ways to address the project are provided. Implications for further research are examined. I conclude this section with reflections on what I learned and gained personally and professionally as a result of conducting this study.

## Project Strengths and Limitations

The project's strengths are as follows:

1. Presenting the results and insights of the qualitative case study in professional development to groups of teachers, therapists, and resource personnel in order to provide a platform to discuss the results from three perspectives of stakeholders, namely the parents, teachers, and therapists

who work most closely with children who have been diagnosed with HFASD.

2. Presenting the conclusions to these groups of professionals will create a starting point for problem solving that will drive innovation and change in the development and delivery of inclusive initiatives.
3. The presentations will be made during the orientation of college students who are serving psychology internships and will be new professionals in a variety of settings providing services to children that will include children with a HFASD diagnosis. Knowing the lived experiences of children in inclusive settings will help them to identify what is working and what does not work in supporting and programming for the children with HFASD.
4. Informing school programming writers and policy makers about every day experiences of children diagnosed with HFASD influences the development of successful inclusive initiatives. The professional development initiatives offered through the project of this study include presentations to inform teachers, therapists, and resource personnel from the local school district about social skills needed for peers to work together, and the support and collaboration students, teachers, and support personnel need to create authentic inclusion experiences.

The professionals participating in the presentation will be able to bring their knowledge of HFASD, activities that further awareness about HFASD, and topics for discussion back to coworkers who turn to them for guidance in development of classrooms and programs that serve children with HFASD. These resource people will be able to drive changes that will affect the development of effective inclusion initiatives. These professionals can collaborate with teachers and with HFASD students with about ways to inform learning communities concerning the diagnosis and what can be done to assure that successful social environments will facilitate necessary change. A further strength of this project lies in empowering social coparticipants to change the protocol of assimilating those with HFASD into the classroom. Insights shared and discussed during the professional development presentations will cultivate the line of thinking needed to manage the challenges of HFASD.

As educational professionals and teachers refine their knowledge and grow in their understanding of HFASD, they can be proactive in raising awareness among neaurotypical peer groups of their peers with HFASD. Because an average school does not have a large numbers of students diagnosed with HFASD, the focus on programming for the majority of students can take precedence over the few. This group—students with HFASD—though small in number, is affecting the educational system as more children are diagnosed with HFASD and need opportunities for inclusion in general education environments. Creating learning communities that are responsive to the social needs of students with HFASD can foster environments that serve all students. Responsive learning communities will minimize the problem of students with HFASD being removed to more restrictive educational environments that may not nurture social skills development that will aid in the assimilation of these students to society.

The teachers and therapists at in the partial hospital setting, where the first in-service will be conducted, work closely with teachers and resource personnel from several schools (both public and private) in the metropolitan area. They interact directly with them and their administrations. The schools in the district will be asked to send a representative to the presentation and, once these professionals hear the information, participate in the activities and enter the discussion about HFASD, they may be empowered to make changes in the protocol and drive innovations in inclusive programming. This project will provide people in educational environments research-based information about inclusion experiences for students with HFASD, as indicated by my analysis of the data. Initiating a dialogue during the presentations about issues and successes with inclusion will cultivate the collaborative process that is critical to the development of effective programming for children diagnosed with HFASD (Ainscow, 2007; Blask, 2011; Turk, 2012).

Talking about the problems of social skill development and the need to raise awareness of the nature of the person diagnosed with HFASD empowers teachers and resource personnel to create opportunities to educate students' peers, who in turn can share this information even beyond the classroom with their families. Being a part of inclusive classrooms will nurture understanding, support, and tolerance for the diversity that makes up the learning community as well as the community at large. Educating the community (as suggested by the results of the interviews) will continue to build the collaborative initiative that will fuel progress toward authentic opportunities of inclusion being made available to those with HFASD.

A limitation of the presentation is that it will not reach all possible audiences that would benefit from the information. Professional development for the professional staff at the hospital and resource departments of district schools will be initially limited to those present at the hospital setting presentation. Likewise, the orientation of interns will be limited to those serving practica at the hospital. Study insights will be shared by these professionals as they engage in the treatment of children diagnosed with HFASD. The exchange of ideas and recommendations made to parents, children diagnosed with HFASD, school personnel, and other service providers will provide insight about the lived experience of inclusion. Trickle down dissemination of study findings, however, is not the best way to raise awareness and fuel discussion about issues and success of inclusion for children with HFASD. An additional limitation is that there are no guarantees that the discussion prompted and the information shared during the presentation are acted upon. At this time information also will not be communicated to service groups such as local police, paramedics, and firefighters who deal with students with HFASD in intense and emergency situations. These service providers need to be informed of components of inclusive environments at the community level.

## Alternate Ways to Address the Problem

Locally, the increasing numbers of children diagnosed with HFASD being in jeopardy of placement in more restrictive settings due to weak social skills and problematic behaviors could be investigated in a different way. Focus on school settings that have established inclusion programs and/or those beginning new initiatives would present an insight on one perspective of inclusion, the learning community. An emphasis from a grounded theory approach could form a theory about the phenomenon of inclusion from the viewpoint of teachers, support staff, and administrators. It would provide a structured look at, and include the collection of large amounts of data, concerning inclusion of the child with HFASD that would generate and eventually test a theory about explaining the experience of inclusion (Hays et al., 2012). Investigating the perspectives of these stakeholders in terms of a grounded theory approach would lead to a new way of looking at the inclusion experience of children with HFASD.

## Scholarship

Through this study I examined the problem of students with HFASD who are being confronted with possible removal from general education classrooms to placements in settings that are more restrictive. I discovered additional information on the increasing number of students who need informed and supportive educational environments to create successful inclusive initiatives. Learning why these students are sent to more restrictive settings and are forced to miss opportunities to interact with their neurotypical peer group in general education classrooms is an important insight. Understanding this point helped me construct meaningful research questions. If children diagnosed with HFASD cannot maintain themselves with expected classroom decorum, they stand to lose opportunities of inclusion in general educational settings. Educational researchers established that an inclusive environment is the best place to foster development of coping strategies in the mainstream; limitation or exclusion from general education settings place children with HFASD into classrooms that may not encourage the development of social skills that will aid in assimilation to adult society (Attwood, 2007; Locke et al., 2010; Marks et al., 2003; Obiakor et al., 2012; Swedeen, 2009).

Investigating the problem through use of informed participants who can comment on the phenomenon (Stake, 2006), I found out how children with HFASD participate in inclusive environments or do not have opportunities of authentic inclusion. The data gained through interviews and the promise to share these insights in professional development formats and orientation presentations raises awareness about HFASD for the major stakeholders. Better information creates possibilities for change. I also gained insight to the collaboration with students, families, and school environments that all interviewees felt was needed to really address issues with inclusion. Bringing this insight into focus and spending time discussing what collaboration looks like is a critical objective of the project. It is not enough to cooperate and try to accommodate diversity; a true collaboration must be established to effectively create social change. Identifying successes and challenges to inclusion will build opportunities for collaborations that will start to change thinking in this area and (eventually) affect social change. Researchers must seek to investigate and solve problems specific to a group with the active participation of stakeholders (Hays et al., 2012).

The scholarly goal of this study was to look at a phenomenon that is affecting educational systems. Collecting data, analyzing results, and drawing conclusions from these procedures provided the substance of what I could communicate to the educational community. Designing a project that shares these insights and informs major stakeholders advances the scholarship of the study as my project encourage the application of information that nurtures the evolution of thinking and attitudes about children with HFASD. Sharing these insights and connecting with individuals through professional development and orientation will encourage collaboration that results in the development of program initiatives that solve the problems of inclusion, advance the scholarly goal of research, and require leadership to create the necessary platforms for discussion that will change thinking and acceptance motivating social change.

## Project Development, Evaluation, and Leadership

This project study required knowledge of project development from the initial literature to the conclusion. First, I examined my personal experience, searched both educational and scientific literature, and read these at length. The results of this literature research induced me to reach out to practicing experts whom I knew in the field, such as seasoned educators and professional therapists, to gather their technical opinions about HFASD. In addition, I sought input from advisers, PhD psychologists, and psychiatrists. The key to research is identifying the problem. This step was important to identifying the problem of students with HFASD being referred to more restrictive settings. The work could not be well defined and researched to reach clear conclusions without this part of the process. With input from professional therapists, psychologists, and psychiatrists, I could then identify the problem. As I began my study with additional interviews of professionals in the field who provided the input from school situations, it became apparent that input from the parents would provide key insight into the successes and weaknesses of inclusion.

The opinions from parents of children who have HFASD allowed representation of all major stake holders in the inclusive experience. Weaknesses were exposed as the interviewees shared information that clarified the problems of HFASD students. That is, weaknesses from the school environment, social settings, community, and parental postures came into focus. I gained information about what could be done from the detailed analysis and the itemized topics and issues, which helped me to identify information for dissemination and development of the project. Developing a project that allows me to get close to people who have a real investment in improving the educational experience for children diagnosed with HFASD promises the potential for significant change in inclusion services. I also realized it is important to recognize outdated thinking and challenge the status quo.

The interviewees recognized the need to reach out at the community level, but they also said they see initiatives in the classroom as the beginning of change at the grass roots level. The project objectives involve refining knowledge of HFASD through the presentation of established research and an exercise that will build empathy for the struggles with effective communication. The presentations will identify problems and successes with inclusion. Presentations will fulfill the objective of making major stakeholders' aware of issues with inclusion that prevent authentic inclusion and risk placement of children with HFASD in more restrictive environments. The project presentations will also provide the opportunity for participants to establish an understanding of collaboration through an exercise that will define the difference between cooperation and collaboration. The stage will be set to initiate discussion about what authentic inclusion will look like in the various settings represented by participants. Erasing misleading presumptions about children diagnosed with HFASD will enable professionals who work with the children to begin discussion that will cultivate change.

Work from this project study yielded insights for me from the literature, personal experience, educators, therapists, and parents. Getting the cumulative information that was assembled to appropriate groups of service providers will be an ongoing challenge.

This project study, as well as future research, will provide information for school programs, educators at all levels, special education teachers, administrators, parents, and even government officials. Feedback offered from evaluation by participants at the in-service/workshops will provide guidance for additional presentations to be developed that will continue to lead stakeholders toward critical consciousness that can create social change (Blandford, 2013; Carter et al., 2011; Lee et al., 2012). My experiences in the hospital setting taught me about HFASD. When patients with the diagnosis of HFASD were admitted to the hospital in rising numbers, my curiosity was stimulated concerning the school environments from which they came. Working with teachers who expressed frustration about how to deal with these students convinced me that an investigation of inclusion for children with HFASD would be a study that could and contribute information that would help improve programming. Obtaining insights about inclusion from three perspectives expanded the depth and breadth of my understanding of HFASD and positioned me to make a contribution to an awareness of challenges to inclusion. Creating the opportunity for professional development through presentations to service providers who directly affect the quality of programs offered to serve children with HFASD also provides me with the opportunity to promote the development of scholarship among my colleagues and peers as a result the discussion that will be part of the project format.

I demonstrated leadership by seeking out educators, well-qualified practitioners, and parents to gain their perspectives about inclusion of children with HFASD in general education settings. Their observations and information helped determine me to consistency with the literature and added insight that is reality-based to be shared with stakeholders in inclusive program development. My leadership was further demonstrated by developing the project, which requires arranging technical/educational/didactic seminars in a hospital setting. The project objectives will refine knowledge of HFASD and awareness about successes and challenges of inclusion. The final objective will provide an opportunity for major stakeholders to define the collaboration needed to create change and provide a platform for the exchange and discussion of ideas about what authentic inclusion looks like. The results could affect the provision of service to children with HFASD. Moreover, the evaluation and exchange of ideas from the presentations shape thinking that will challenge the status quo and help to develop collaborative initiatives that will empower learning and social communities to embrace and provide for the diversity that comprises the community, leading to significant social change. I stopped reviewing here. Please go through the rest of your section and look for the patterns I pointed out to you. I will now look at your references.

## Analysis of Self as Scholar, Practitioner, and Project Developer

If a scholar is a knowledgeable person and learned on a particular issue or topic, then I have to say that this study and project development has positioned me as a scholar.

I have completed a discovery phase in uncovering published research, but I also have planned out and conducted a study in which I researched a topic with different perspectives from well-qualified people who could comment on the phenomenon of inclusion and the needs of the child with HFASD. Results of my work created a body of knowledge that adds insight to inclusion for children with HFASD and provides additional resources for the educational community. I have gained much knowledge of the diagnosis of HFASD and enriched the depth and breadth of my understanding of identifying and problem solving issues with inclusion of people with HFASD in society. Using myself and a variety of others who can comment on HFASD and the phenomenon of inclusion, I have acquired practical insight from a community of people who have much to offer but may be limited from opportunities to enrich and contribute to society. My skills of discovering and reading research on topics related to HFASD have broadened the foundation of knowledge upon which I build my problem solving strategies. I have also honed my skills at listening to others. Setting aside my bias and focusing on the information shared by the interviewees, I developed a richness of understanding the phenomenon of inclusion that literature alone cannot provide. Being able to determine need, seek out resources to inform, and open myself to hearing the insights of others has helped me develop a significant understanding of HFASD and inclusion. This enhanced understanding will enable me to positively affect the field of education.

As a practitioner and project developer, I have taken resources (myself and other professionals; research literature) and used this body of knowledge and experiences to implement a project to help others become knowledge resources. Professionally, my work with children diagnosed with HFASD and their families has been reinforced to include perspectives of families not in crisis, but struggling with securing the best possible programming for their children. In the hospital setting children referred are coming in for higher levels of behavioral intervention and recommendations to better manage their inclusive educational environment. Through my research and the insights of well-qualified informants and stories of success, my perspective was broadened. My presentation to professional staff and district school personnel in the hospital setting and student interns will provide insights and ideas from my study. I will thereby be able to refine knowledge, nurture awareness of issues, provide opportunity for discussion, and change thinking about HFASD and inclusive opportunities. The people who participate in my presentations can then apply their knowledge and become resources to their respective work and learning communities. At the professional level I am raising the knowledge of those who work with, teach, and care for students with HFASD. Students with HFASD will benefit and community outreach will challenge the status quo and aid in embracing the diversity that creates society. I knew how to do projects, but this project focuses not only on HFASD in the classroom, but also on far reaching community development that nurtures acceptance of diversity in society at large.

## The Project's Potential Impact on Social Change

The content of this project study is not only an important resource to area schools and community, but also to the region. These concepts are expected to inspire thoughtful collaboration. Stakeholders in the field of education will pay attention and want to become enriched in knowledge about HFASD and the programs educating and developing children with HFASD into contributing members of society.

The project will be a mechanism to begin infusing school programs with ideas that change teachers' awareness and approach to classroom development. The project will do the following:

- Introduce the challenges to successful inclusion as well as ideas that work to build successful inclusion initiatives as revealed through the interviews of my study.
- Encourage educational communities to educate their professional staff and students to be able to receive and accept the child with HFASD into their learning and social communities.
- Help people to let go of old perceptions and make an investment that will influence changes at the classroom, school community, and at society levels Informing professionals who have a direct effect on educating students, resource personnel, and therapists who make up the school

community will ignite discussion about things they can and must do differently.

- Provide educators and society with new tools (ideas) for their tool box through the informed resource personnel who will take in-service experiences back with them to their schools and into meetings that create programming. At the same time I have to develop their skills of listening and collaboration so they know how to employ those tools. I will provide experiential exercises that will develop a definition of collaboration. There will also be exercises that raise awareness of the difficulty of communication for children with HFASD as well as communication between stakeholders . Coupling that with practical information about inclusion will encourage buy-in to the presentation, making information available that encourage participants to employ the ideas in practical application and development of effective inclusive programming.
- Start a dialogue that nurtures collaboration that reaches beyond the classroom setting. My in-service/workshops have potential to change thinking and commitment to an underrepresented population of people with HFASD that is affecting schools and society.

These workshops must refine participants’ awareness and knowledge of the nature of HFASD. Educating major stakeholders will minimize problems that stall progress.

Reevaluating with feedback from presentations and additional research initiatives make sure competence is growing and that major stakeholders are now gaining confidence. Seeing creative initiatives develop throughout the educational community will expand that thinking to the community at-large. Once we get momentum and are moving in a positive direction, we can continue advancing. The results will build communication among professionals, parents, and educators. Major stakeholders will have a pragmatic understanding of HFASD, and their awareness will positively assist in their work situations and help them grow in a positive, not negative, direction when serving those with HFASD. The results of the advancement of knowledge and awareness from this project can only promise to inspire real social change. While this project begins at a local level, the potential to build layers of successful outreach can easily be expanded regionally and nationally with strong results that respond to the information that started with the input of six people I interviewed.

## Implications, Applications, and Directions for Future Research

Implications of this project study identify issues with developing successful inclusive program initiatives for children diagnosed with HFASD in general education settings but also an openness and recognized need to attend to the challenges of inclusion. Identification of the local problem of children with HFASD being moved to more restrictive educational environments was established through admission records of a partial hospital setting. It was also noted that there is a growing population of children with HFASD in a school district in Western Tennessee. Also, an increasing number of these children, served in public and private schools in the area, are in need of higher levels of behavioral intervention in order to maintain successful general education placements. Teachers and therapists interviewed for this study identified problems with general education teachers' understanding of a diagnosis of HFASD and how it impacts the classroom. Parents interviewed expressed similar frustration with an educational system that does not understand how to incorporate children with HFASD into their learning communities and the community at-large. Successful inclusion of people with HFASD is a social issue that needs resolution. The study also revealed there are successful initiatives and encounters with children with HFASD and a willingness to develop a collaboration to address these challenges.

The project portion of this study establishes objectives that can serve as the foundation for collaboration needed to address problems and build on successes. Raising awareness about HFASD and a sensitivity toward the needs of the child with HFASD through professional in-service presentations will introduce information needed to start specific (not generic) dialog about program development that begins within classrooms, pervades school environments, and extends into the community at-large. This direct application of insights gleaned from informants has the potential to establish the platforms of discussion and exchange that needs to happen. Discussion of ideas introduced through presentation will begin the collaboration needed among service providers. It will move the rhetoric from the theoretical to the practical, which will aid in establishing solutions to problems with inclusion. Creating platforms of discussion and exchange that are perpetuated through the feedback rendered from presentations to specific groups will cultivate the ongoing need to engage the entire community. Challenging the status quo and creating attitudes that embrace the diversity that makes up a community will bring about significant social change. When teachers are able to respond to their students with HFASD in a proactive manner by establishing learning environments of well-informed peer groups, needed levels of acceptance will emerge. As children with HFASD learn about the demands of appropriate social participation along with awareness and training of the neurotypical peers' productive social environments result. Having a child in an inclusive educational setting will also extend awareness to families that should encourage acceptance and tolerance for diversity within the community.

The work of this project will only begin building the toolbox of ideas that can create social change. From this point, future research needs to consider an expanded version of the research completed for this project study. Surveying a large sample of teachers who are involved and those not involved in inclusion from several different school districts in the area will render information at a regional level that will bring efforts of inclusion into sharper focus. Likewise, interviewing additional parents of children with HFASD and those whose children share inclusive settings with children with HFASD would add to the understanding of issues interfering with embracing people with HFASD within the community. Additionally, focusing on educational communities that have initiated successful inclusion efforts would be worth studying to establish resources for modeling program development. Increasing research by gathering larger sample size with input from other school districts in Western Tennessee will add valuable information. Publishing articles of findings as (1) vantage points from therapists, (2) viewpoints from educators, (3) shortcomings/successes of educational systems as the related to students with HFASD, as evidenced by parents, will present information for targeted group consumption. Each could be a separate article that expressed the insights of the group but also injects thinking about the collaboration needed to effect positive change. Further presentation for the local police, paramedics, firefighters, and community service providers could complement the outreach identified as a need in the study.

## Conclusions

For this project study, I gained feedback and gathered data by interviewing parents, teachers, and therapists on the successes and challenges of inclusion and provided a real-world, not a theoretical, perspective of the phenomenon. Based on the feedback from three perspectives on general education inclusion for children with HFASD, several conclusions were drawn:

1. Interviewees established that awareness and understanding about HFASD was absent or only minimally present and much misinformation creates the need for serious, detailed training.
2. Better support and effective inclusive programming needs to be developed in educational environments to provide authentic inclusive experiences. Improved support for students and teachers must be developed for effective social environments.
3. Ongoing collaboration and communication among major stakeholders must be initiated and then continued by subsequent exchange of ideas and extensive ongoing discussion.

For people with HFASD to be successfully incorporated into society, the community at-large needs to change their thinking and embrace its diversity.

The local problem—that children diagnosed with HFASD may lose opportunities of inclusion due to behavioral issues triggered by their poor social skill development—provided the focus of this study. If educational programming is driven by research-based evidence, then learning environments must respond to established research that states a general education class is the best place for children HFASD to learn social skills and assimilate to society. The need for removal to more restrictive learning settings can be minimized by educating the educational and social communities as to the nature and the support required to respond to needs of a child with HFASD. The status quo can no longer guide the choices of program development. New, bold initiatives must emerge to respond to the demands of the child with HFASD. Using classrooms as opportunities to inform and educate by action (learning how to get along), school communities can reach beyond the classroom to effect significant social change The practical viewpoint is needed to nurture thinking that will affect development of successful inclusion initiatives by program developers and policy makers. HFASD is a diagnosis that affects every level of educational programming, preschool through college. Maintaining the status quo and expecting generic checklists of modifications and accommodations to be sufficient for addressing the needs of the learning and social environments of those with HFASD is naïve at best. A major change in thinking about how we do business to serve children with HFASD in inclusive classrooms must be precipitated. The project related to this study promises to inform teachers, support staff, administrators, therapists, and families through professional training and in-service about the needs of those with HFASD. This information will also serve as a platform to begin discussion between professional and community levels that will facilitate the collaboration needed to bring about social change. This study also raised the awareness of the critical need for collaboration between major stakeholders and outreach that extends beyond the classroom to the community at-large. Based on the input of interviewees, a community morphogenesis is needed and will only be brought about through the exchange of ideas and discussion about what will be done to create opportunity for people with HFASD to fit in and contribute to the tapestry of an inclusive society. The project will build the platform upon which the ongoing dialogue will find its roots and grow into a significant vehicle that drives needed social change.

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# Appendix A: Project

## High Functioning Autism Disorders In-service

Fall 2015
Hospital Setting
Presenter – Jeanne Wiatr

- 8:30 **Welcome**
  - Introduction (Presenter)
  - Objectives of the session
- 8:45 **Definitions**
  - HFASD
  - Inclusion
- 9:15 **Study and Project**
  - Study background and problem
  - Project format
- 9:30 **Impact of HFASD**
  - Challenges in the classroom
  - Communication
- 9:45 **Communication Exercise**
  - Exercise
  - Discussion
- 10:10 **BREAK**
- 10:20 **Support for Inclusion**
  - Study findings
  - Discussion
- 10:45 **Collaboration Exercise**
  - Exercise
  - Discussion
- 11:15 **Recap Morning**
  - Discussion/Questions

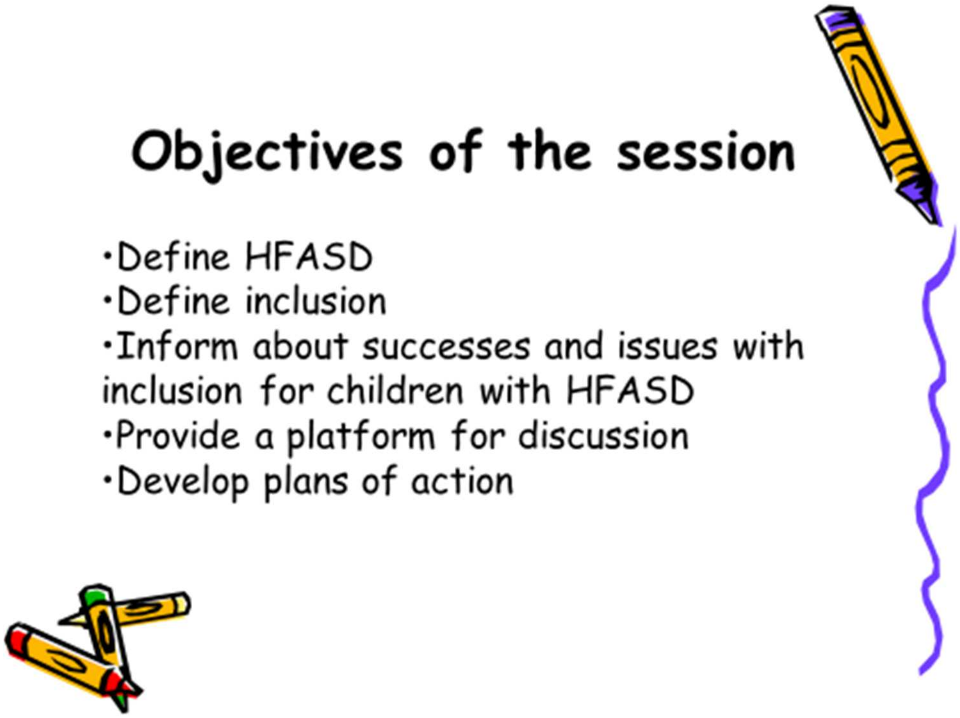
| | |
|---|---|
| 11:30 | **Lunch** |
| 12:30 | **Identify Major Stakeholders**<br>Form groups |
| 12:45 | **Discuss Challenges/Successes** |
| 1:30 | **Groups present Challenges/Successes** |
| 2:00 | **Identify Collaboration Chain**<br>One setting<br>Across disciplines |
| 2:30 | **Plans on Action**<br>One setting<br>Across disciplines |
| 2:45 | **BREAK** |
| 3:00 | **Resume Plans of Action** |
| 3:30 | **Where Do We Go From Here?** |
| 4:00 | **Evaluation** |
| 4:30 | **Conclusion** |

**NOTE:** This presentation schedule will be used for one day of in-service with half of hospital staff and public school personnel and another day of in-service with other half of hospital staff and private school personnel.

# Perspectives About Sustaining Inclusion in School Environments for Children with High Functioning Autism Spectrum Disorders

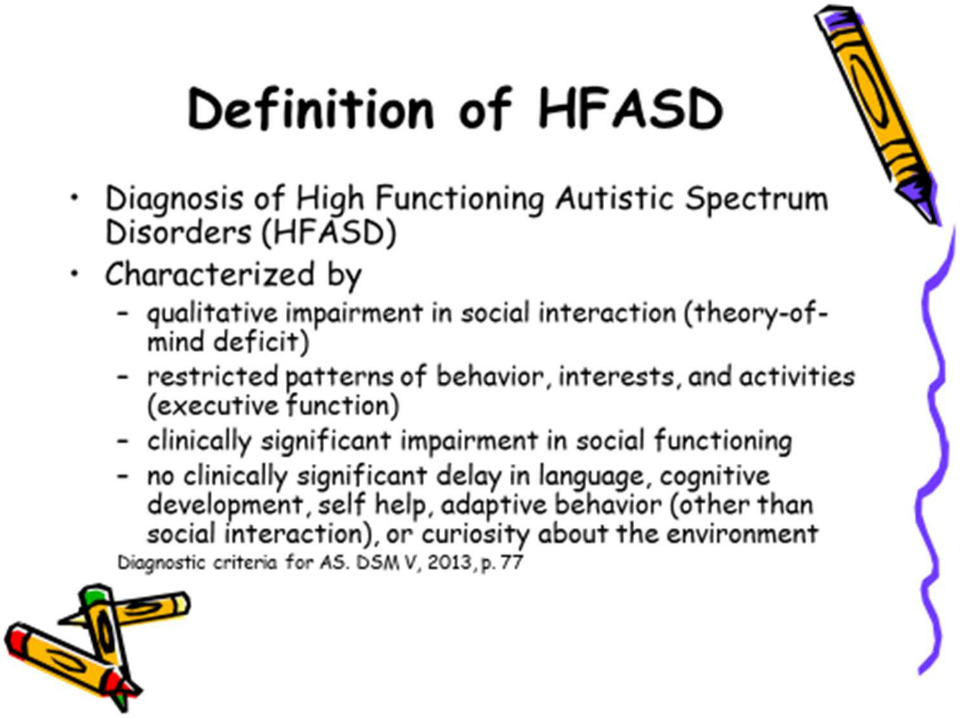
by

Jeanne Wiatr



## Objectives of the session

- Define HFASD
- Define inclusion
- Inform about successes and issues with inclusion for children with HFASD
- Provide a platform for discussion
- Develop plans of action

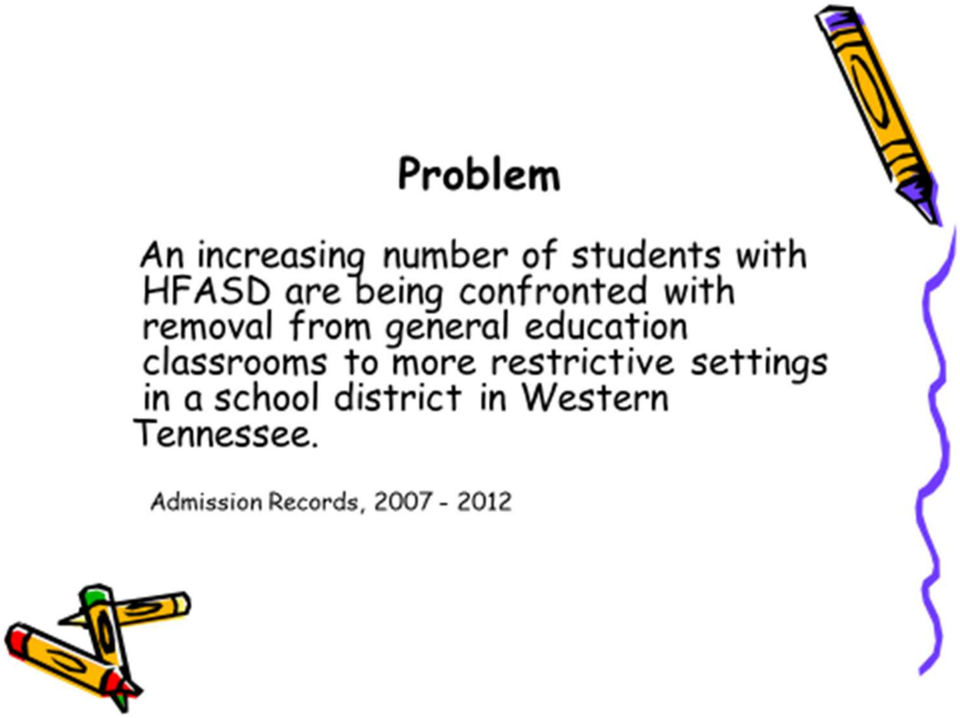


# Definition of HFASD

- Diagnosis of High Functioning Autistic Spectrum Disorders (HFASD)
- Characterized by
  - qualitative impairment in social interaction (theory-of-mind deficit)
  - restricted patterns of behavior, interests, and activities (executive function)
  - clinically significant impairment in social functioning
  - no clinically significant delay in language, cognitive development, self help, adaptive behavior (other than social interaction), or curiosity about the environment

Diagnostic criteria for AS. DSM V, 2013, p. 77

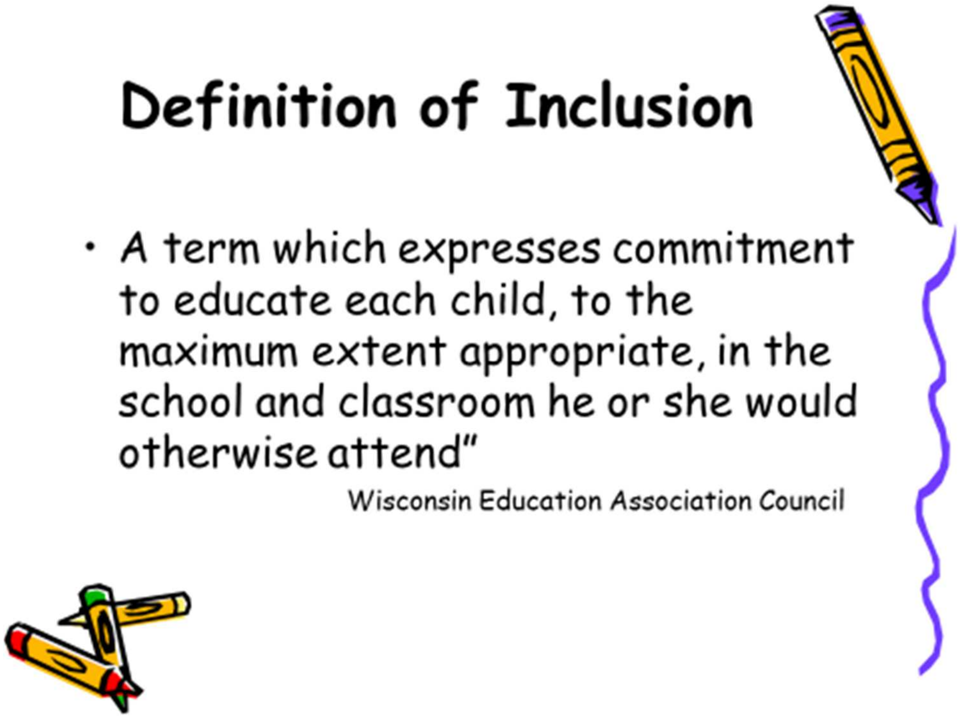
- intellectual abilities find children with HFASD routinely placed in general education classes.
- best placement for developing social skills is with neuro-typical peers
- social skills deficits often = problems navigating social situations
- Social skills deficits may place the child with HFASD in conflict with established behavioral policies which jeopardize their opportunities of inclusion.



## Problem

An increasing number of students with HFASD are being confronted with removal from general education classrooms to more restrictive settings in a school district in Western Tennessee.

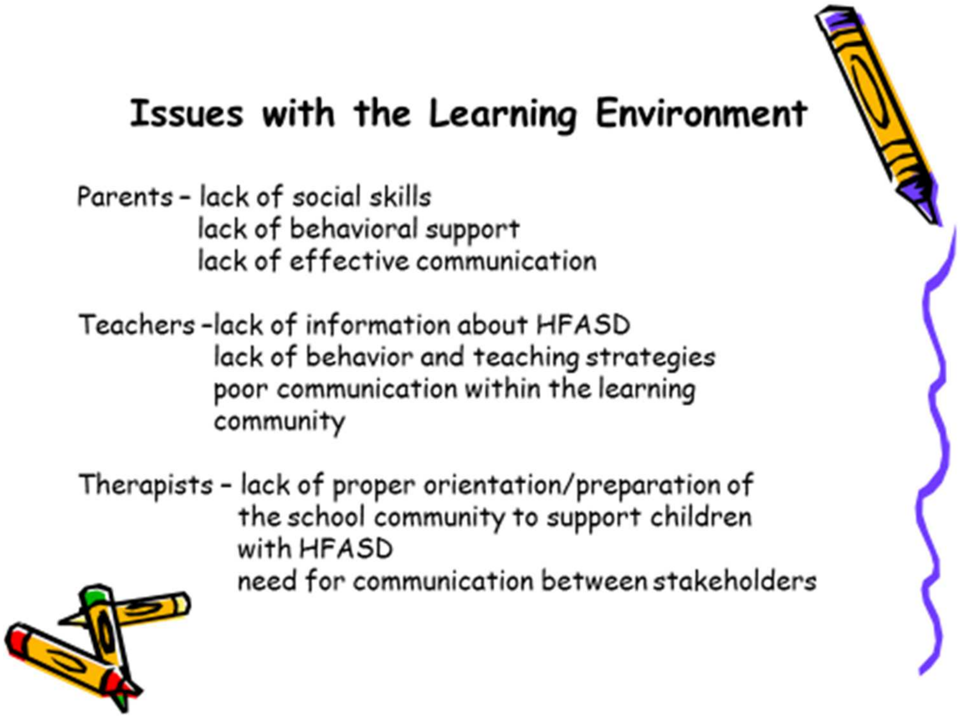
Admission Records, 2007 - 2012



## Definition of Inclusion

- A term which expresses commitment to educate each child, to the maximum extent appropriate, in the school and classroom he or she would otherwise attend"

Wisconsin Education Association Council

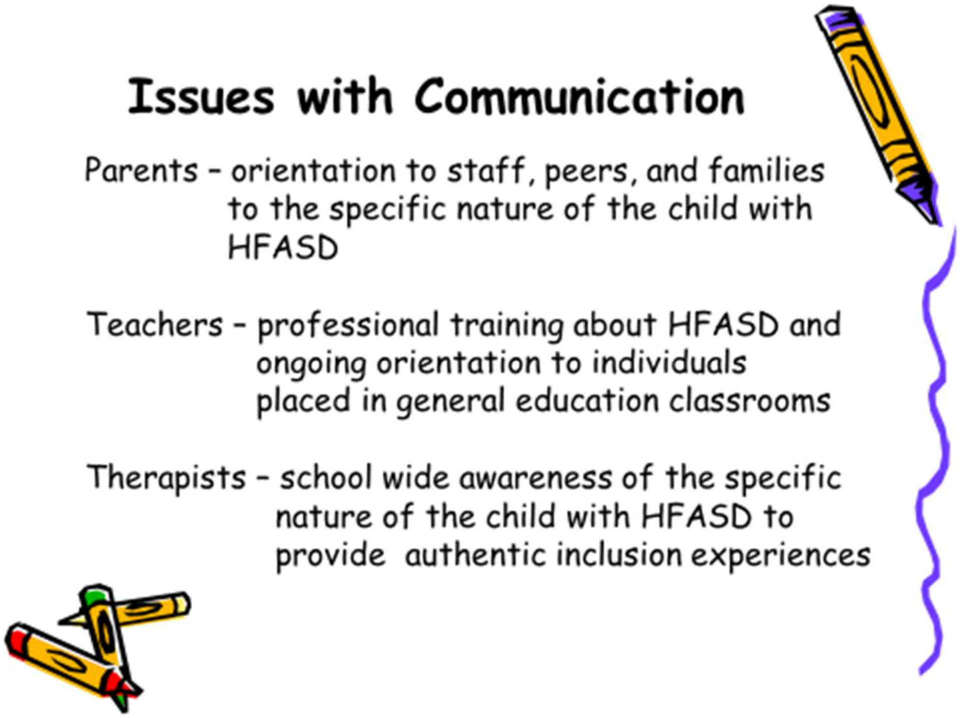


## Issues with the Learning Environment

Parents – lack of social skills
lack of behavioral support
lack of effective communication

Teachers –lack of information about HFASD
lack of behavior and teaching strategies
poor communication within the learning community

Therapists – lack of proper orientation/preparation of the school community to support children with HFASD
need for communication between stakeholders



## Issues with Communication

Parents – orientation to staff, peers, and families to the specific nature of the child with HFASD

Teachers – professional training about HFASD and ongoing orientation to individuals placed in general education classrooms

Therapists – school wide awareness of the specific nature of the child with HFASD to provide authentic inclusion experiences

## Communication Simulation

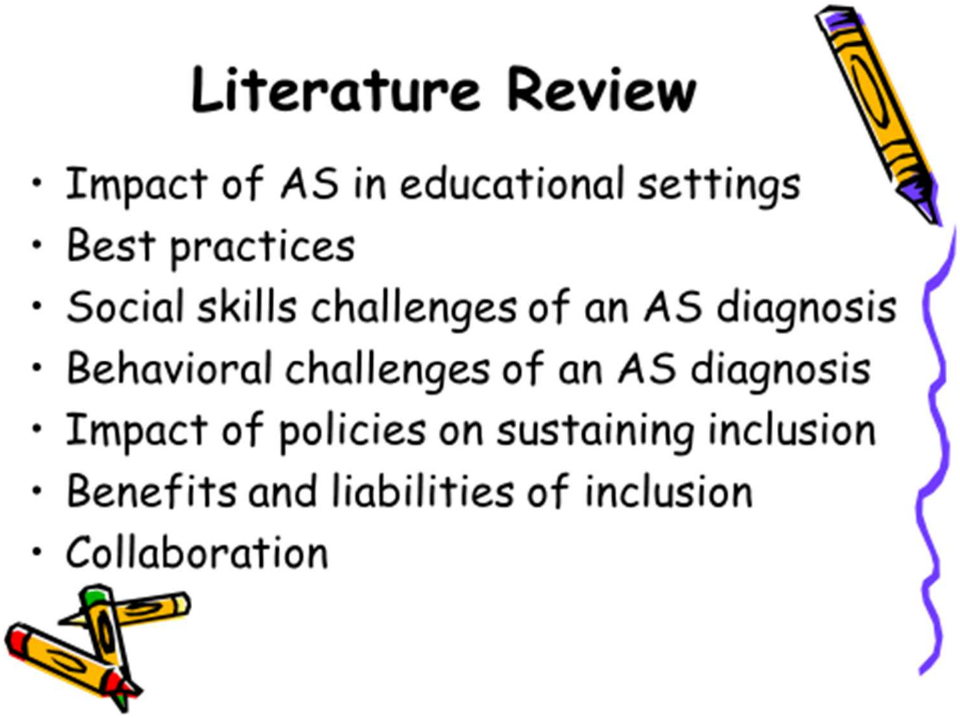
ATTENTION! Follow the directions given by the presenter.

| | | | |
|---|---|---|---|
| |  |  |  |
|  |  | |  |
|  | |  | |

## The Importance of Collaboration

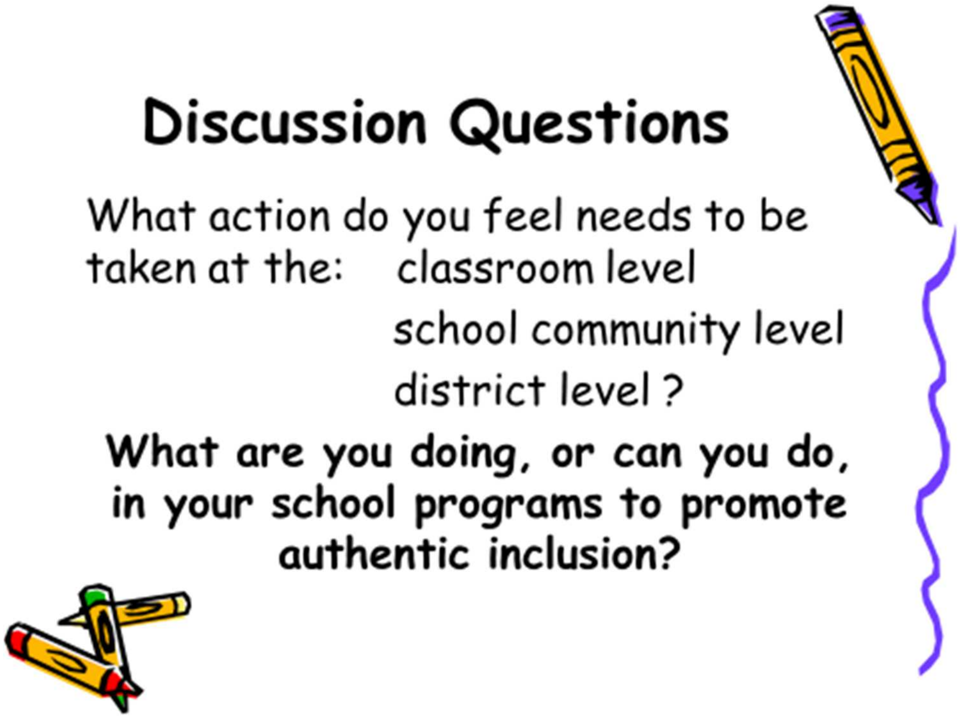
- understanding the nature of HFASD and how it affects social environments
- accepting the diversity that HFASD brings to a community
- integrating people with HFASD into society by acquiring appropriate skills of interaction

Sonja deBoer, 2009



## Literature Review

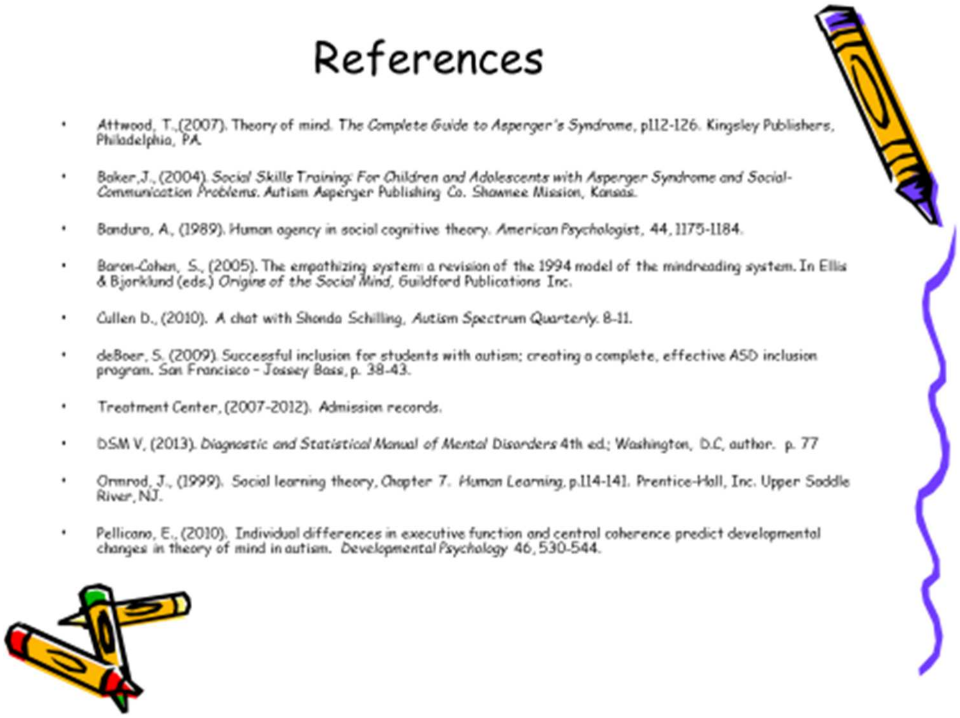
- Impact of AS in educational settings
- Best practices
- Social skills challenges of an AS diagnosis
- Behavioral challenges of an AS diagnosis
- Impact of policies on sustaining inclusion
- Benefits and liabilities of inclusion
- Collaboration



## Discussion Questions

What action do you feel needs to be taken at the: classroom level
school community level
district level ?

**What are you doing, or can you do, in your school programs to promote authentic inclusion?**



# References

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- Ormrod, J., (1999). Social learning theory, *Chapter 7. Human Learning*, p.114-141. Prentice-Hall, Inc. Upper Saddle River, NJ.
- Pellicano, E., (2010). Individual differences in executive function and central coherence predict developmental changes in theory of mind in autism. *Developmental Psychology* 46, 530-544.

# Intern Orientation
# High Functioning Autism Disorders
Fall 2015
Presenter – Jeanne Wiatr

8:30 **Welcome**
- Introduction (Presenter)
- Objectives of the session

8:40 **Definitions**
- HFASD
- Inclusion

9:00 **Impact of HFASD**
- Challenges in the classroom

9:15 **Communication Exercise**
- Discussion

9:35 **Support for Inclusion**
- Successful inclusion

9:45 **Collaboration Exercise**
- Discussion

10:05 **Recap HFASD**
- Discussion/Questions

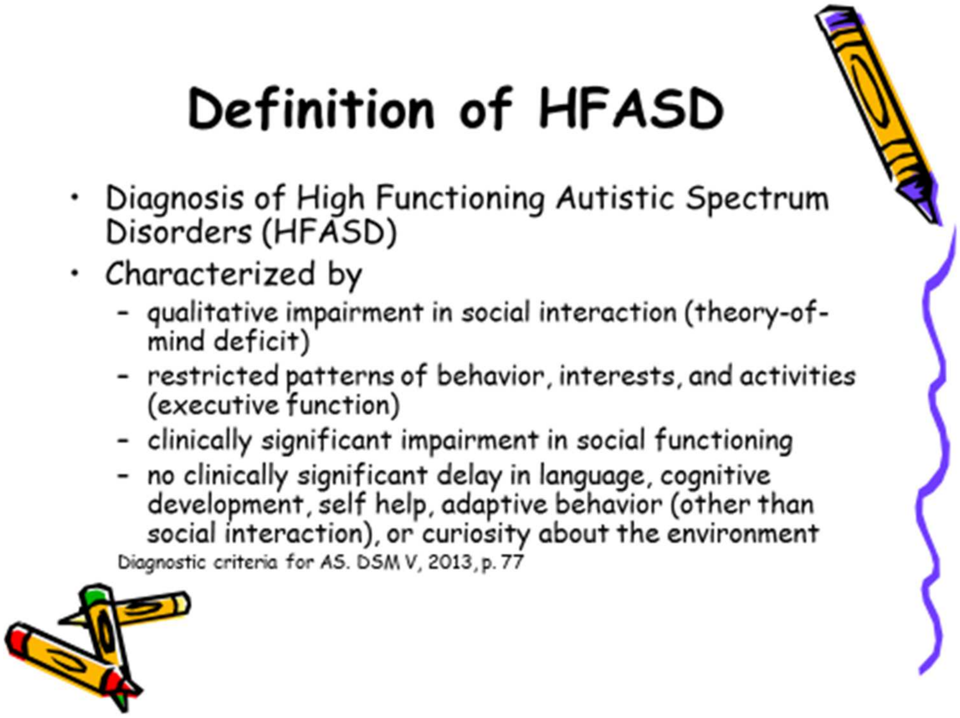
10:15 **BREAK**

**NOTE:** Intern orientation would continue after the break but orientation to HFASD would be concluded.

# Perspectives About Sustaining Inclusion in School Environments for Children with High Functioning Autism Spectrum Disorders

by

Jeanne Wiatr



## Definition of HFASD

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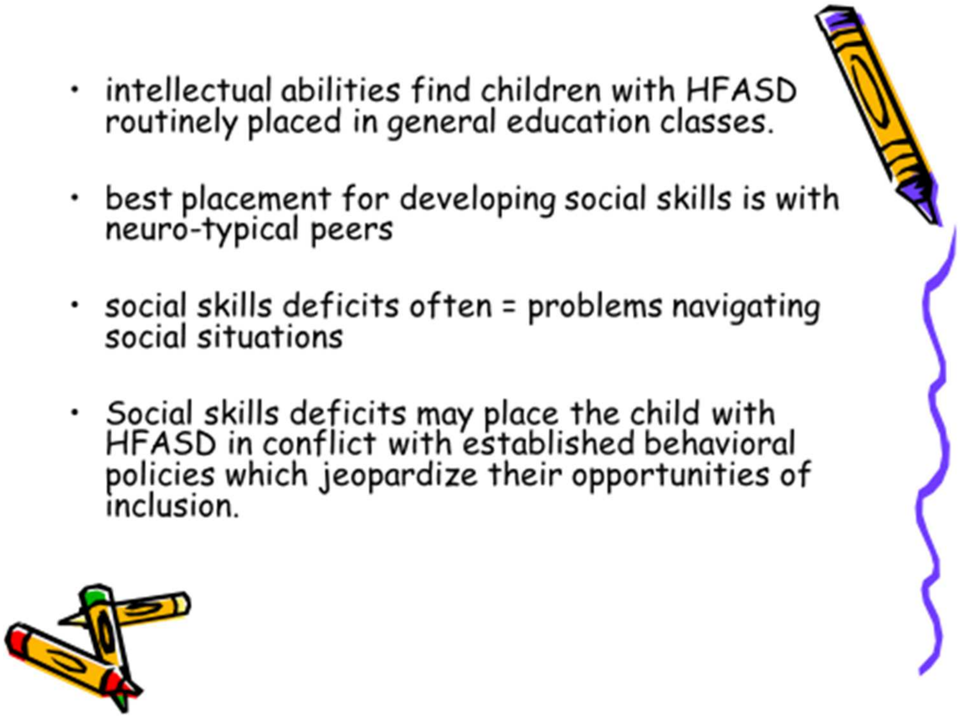

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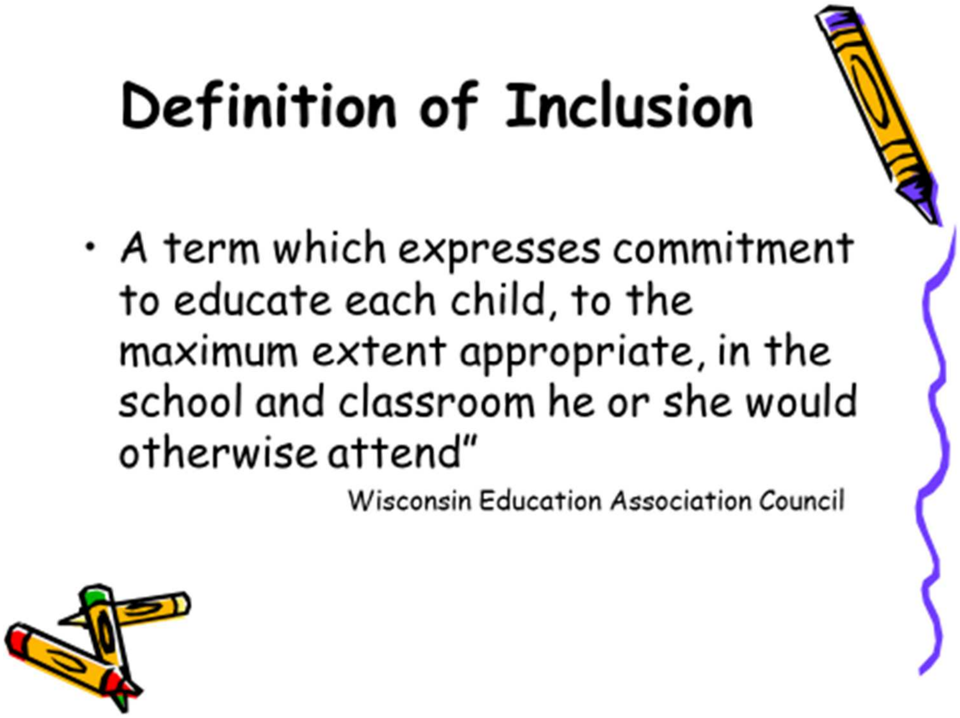

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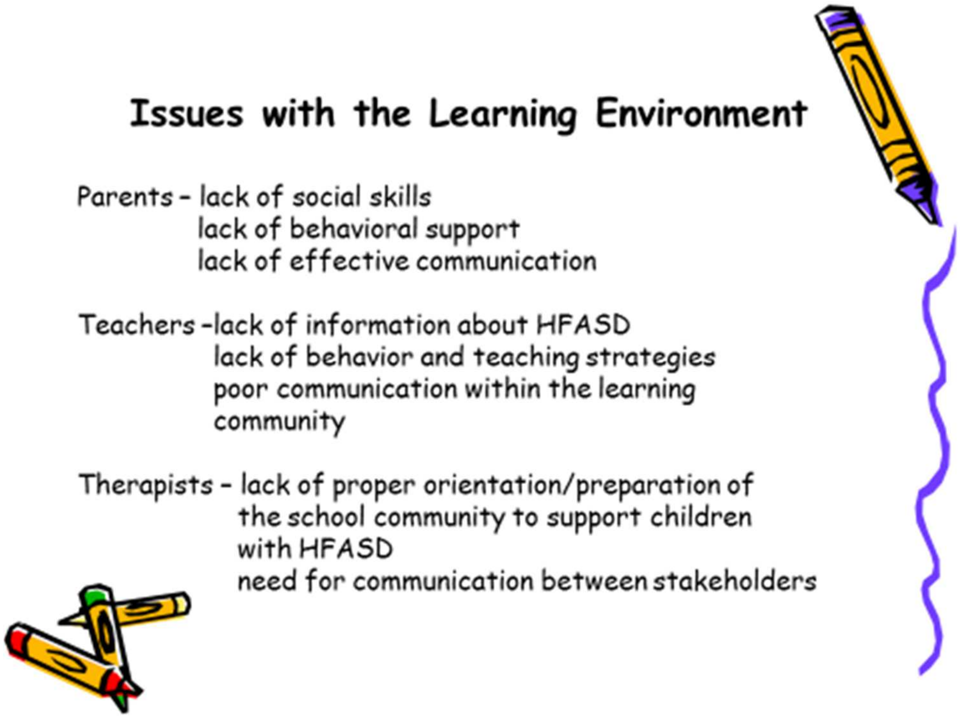
Wisconsin Education Association Council



## Issues with the Learning Environment

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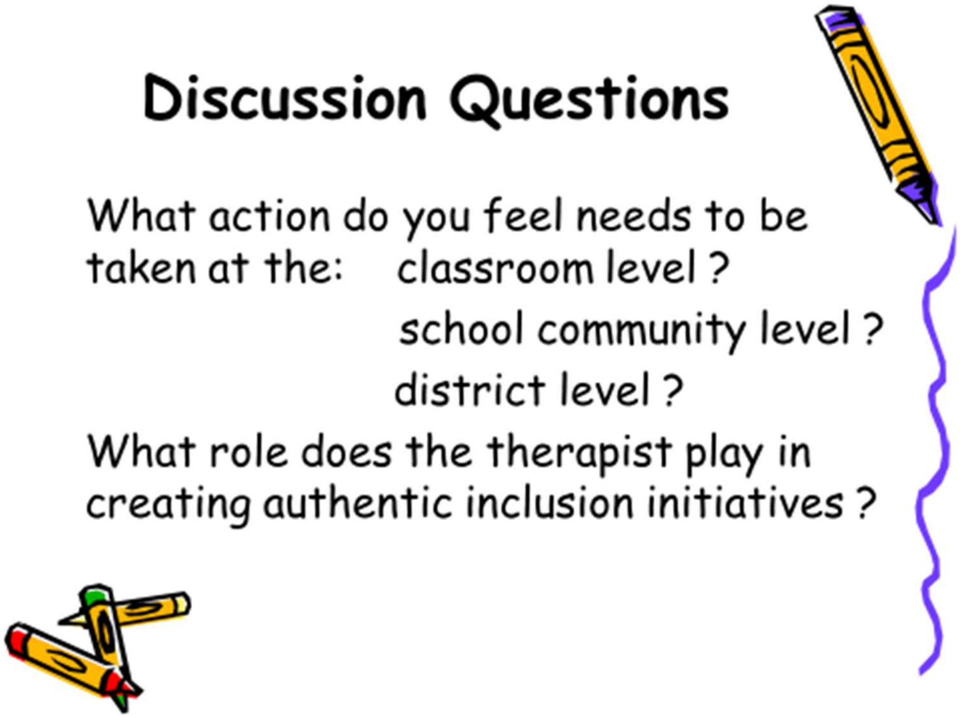
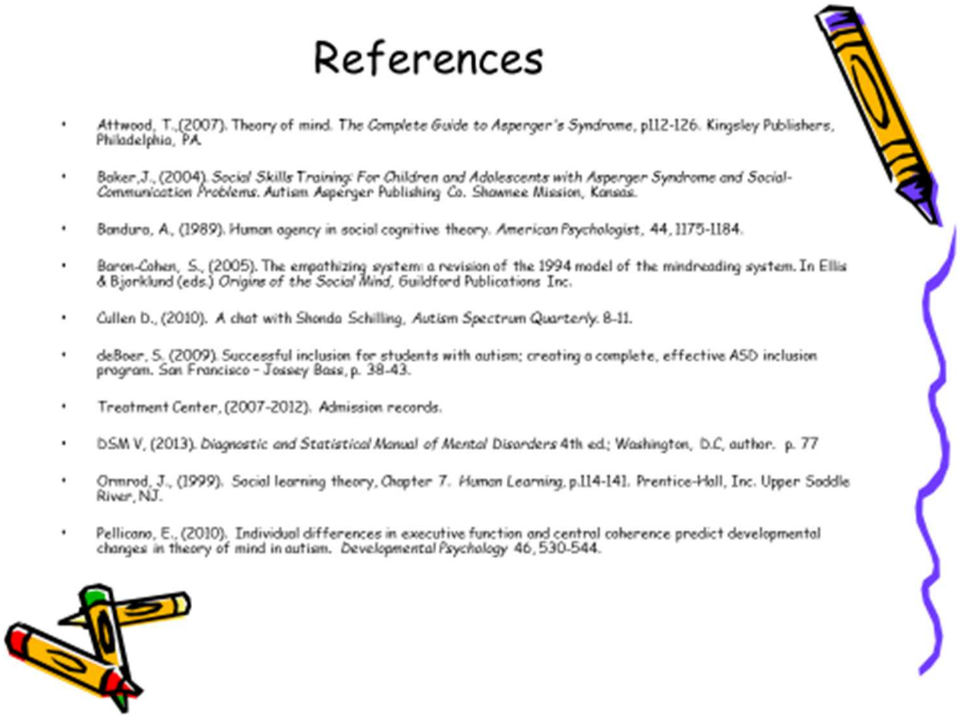


## Discussion Questions

What action do you feel needs to be
taken at the: classroom level ?
school community level ?
district level ?
What role does the therapist play in
creating authentic inclusion initiatives ?



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## Presentation Feedback

Please circle a rating for the following statements and add additional comments.

The content informed me of the definition of Asperger's Syndrome and challenges to successful general education inclusion.

5---------------------4----------------------3--------------------2----------------------1

Strongly agree Agree Strongly disagree

Comments:________________________________________________________________

Information was presented in a clear understandable format with useful examples to clarify content.

5---------------------4----------------------3--------------------2----------------------1

Strongly agree Agree Strongly disagree

Comments:________________________________________________________________

The presentation provided an understanding of Asperger's Syndrome, raised awareness of issues with successful inclusive programming, and began a dialog about what could be done to build successful inclusive initiatives.

5---------------------4----------------------3--------------------2----------------------1

Strongly agree Agree Strongly disagree

Comments:________________________________________________________________

Please add any additional comments, topics concerning Asperger's Syndrome, inclusion, or programming strategies you would like to see offered in future presentations.

# Appendix B: Letters of Introduction/Inquiry

## Cooperating Agencies Introduction and Permission

June 2013

Hello,

Allow me to introduce myself; I am Jeanne Wiatr, a Doctoral student with Walden University. As a requirement for my degree in K-12 educational leadership, I will be conducting a study titled *Personal Perspectives about Sustaining Inclusion in School Environments for Children with Asperger's Syndrome.* The purpose of this study is to determine from parent, teacher, and therapist perspectives real life experiences about sustaining inclusive placement in general education settings for children diagnosed with Asperger's Syndrome (ASD) and how social skills and behaviors contribute to sustaining inclusive placements. It is recognized your school/agency works with children who have been diagnosed with ASD and can provide human resources that can comment about inclusion involving the diagnosis. I am requesting your permission to include your agency as a potential participant in this study once it is approved by the Walden University Internal Review Board.

Parents, teachers, and therapists of children diagnosed with ASD will be interviewed about their experiences with sustaining inclusive placements and how social skills and behaviors contribute to the inclusion experience. Participants will be asked to participate in an interview which may take 30 to 60 minutes to complete and review their information within forty-eight hours of receipt of materials. Analysis of the narrative data will provide insight to the perception of inclusive placements and impact of social skills and behavior for the child with ASD. Identities from the interviews will be kept confidential.

A possible benefit for the participants of this study is that they will have the opportunity to share their experiences regarding inclusion, social skills, and behavioral insights. Some minimal risks of involvement in this study may include some stress in answering questions about experiences. Informants do not have to answer any questions that they feel are stressful. They may stop participation in this study at any time. Names and all other personally identifiable information will be kept completely confidential. The name of your school or practice will also not be included in the final report. Pseudonyms of family, school district, or practice will be assigned identification numbers to protect privacy. Participation in this project is voluntary and no compensation will be offered..

Informants will also be asked to review materials related to this study. A copy of this letter of cooperation and signature form will be given to you for your records.
If you have any questions or concerns about this project study, please contact me at Jeanne.wiatr@waldenu.edu . If you want to talk privately about this, you can call Dr. Leilani Endicott, Director of the Research Center, Walden University at 1-800-925-3368, extension 3121210 once the project is approved.

Thank You,

Jeanne Wiatr

Jeanne Wiatr, M A Education
Attachment – signed consent

# Cooperating District or Practice Permission Form

Dear Mrs. Wiatr,

Based on my review of your project study, I give my permission for you to conduct the study entitled *Personal Perspectives about Sustaining Inclusion in School Environments for Children with Asperger's Syndrome* within this district/private practice once approval has been given by the Walden Internal Review Board. As part of this study, I authorize you to invite members of my agency, whose names and contact information I will provide, to participate in the study as respondents to an interview. Their participation will be voluntary and at their own discretion. We reserve the right to withdraw from the study at any time if our circumstances change. I understand that the data collected will remain entirely confidential and may not be provided to anyone outside the study without the permission from the Walden University IRB.

Sincerely,

Signature of authorized representative ________________________________________
Title __________________________________________________________________
Date _________________

## Follow-Up For Agency Consent And Request For Participant Contact Information.

July 2013

Dear Authorized Representative,

This letter is being sent to inform you that I have been approved to conduct the study *Personal Perspectives About Sustaining Inclusion in School Environments for Children with Asperger's Syndrome* by the Walden University Internal Review Board. Thank you for agreeing to participate in my study. In conjunction with your agencies cooperation, I am requesting that you provide six persons you approve for contact concerning interviews for this study. Participation is voluntary and participants will not receive compensation for their participation. Email addresses are preferred but, if you would rather, phone numbers will also provide the necessary contact inroad.

Again thank you for your cooperation.

Sincerely,

Jeanne Wiatr
Jeanne Wiatr, MA Education

[redacted]

Dear Mrs. Wiatr,

Based on my review of your project study, entitled *Personal Perspectives About Sustaining Inclusion in School Environments for Children with Asperger's Syndrome*, I authorize you to use non-public admission records of this partial hospital setting to help determine the rate and reason of admission for children diagnosed with Asperger's Syndrome (AS) for your proposal and study. I understand that identifying information will be kept confidential. I reserve the right to withdraw from the study at any time if circumstances change. I understand that data collected may not be provided to anyone outside the study without permission from the Walden University Internal Review Board.

Signature of Authorization ________

Title Clinical Director

Date 4.3.2013

[redacted]

## Appendix C: Participant Informed Letter of Consent

July 2013

Hello,

Allow me to introduce myself; I am Jeanne Wiatr, a Doctoral student with Walden University. As a requirement for my degree in K-12 educational leadership, I will be conducting a study titled *Personal Perspectives about Sustaining Inclusion in School Environments for Children with Asperger's Syndrome.* The purpose of this study is to determine from parent, teacher, and therapist perspectives what real life experiences about sustaining inclusive placement in general education settings are for children diagnosed with Asperger's Syndrome disorder (ASD) and how social skills and behaviors are perceived to contribute to sustaining inclusive placements. You are invited to participate in this study because you work and/or live with children who have been diagnosed with ASD and can share insights about dealing with inclusion as it relates to the diagnosis. Please review the following information carefully. If you have any questions feel free to ask them before agreeing to participate in the study.

Parents, teachers, and therapists, of children who have been diagnosed with ASD, will be asked about their experiences with sustaining inclusive placements and how social skills and behaviors contribute to sustaining inclusive placements. Participants will be asked to complete an audio recorded interview concerning inclusion, social skills, and behaviors which may take 30 to 60 minutes to complete. You will also be asked to review the information you provided for accuracy and to submit any corrections or comments within forty-eight hours of receipt of materials. Analysis of the narrative data will provide insight to inclusive placements, social skills, and behaviors for the child with ASD. Although you will not be compensated for your participation, your insights will inform efforts to understand the inclusion experience. Identities from interviews and discussion will be kept confidential; however, I am required to let know I am a mandated reporter of neglect or abuse issues.

A benefit for participants of this study is that you will have the opportunity to share your experiences regarding inclusion, social skills, and behaviors, thereby informing the educational community about inclusion. Some minimal risks of your involvement in this study may include some stress in answering questions about your experiences with inclusion and behaviors. You do not have to answer any questions that you feel are stressful. You may stop your participation in this study at any time. To protect your privacy, you will be assigned identification numbers. Your participation in this project is voluntary. The data collected may not be provided to anyone outside the study without the permission from the Walden University Internal Review Board.

If you have any questions or concerns about this project study, please contact me at jeanne.wiatr@waldenu.edu. If you want to discuss privately your rights as a participant, you can call Dr. Leilani Endicott, Director of the Research Center, Walden University, at 1-800-925-3368, extension 3121210.

If you agree to participate in the study as approved by the Walden Internal Review Board, please check, sign, and return this consent form to jeanne.wiatr@waldenu.edu . A copy of this informed consent letter and signature form will be given to you for your records.

____ I have read the information above about the study entitled *Personal Perspectives about Sustaining Inclusion in School Environments for Children with Asperger's Syndrome* and consent to be a participant in that study.

Printed name of the participant ____________________________________________

Signature of the participant _______________________________________________

E-mail address of the participant___________________________________________

Date _________________

Signature of the researcher_________________________________________________

Hello again,

I am Jeanne Wiatr, a Doctoral student with Walden University. As a result of the return of agreement to participate in the study *Personal Perspectives about Sustaining Inclusion in School Environments for Children with Asperger's Syndrome,* you are being supplied the following information. Contact me at jeanne.wiatr@waldenu.edu to identify days and times convenient to your schedule when you could participate in an interview concerning your experience with inclusion. **Please note that it will take 30 - 60 minutes to complete the interviews** in order for me to get a sense of your experience. **Participation in the interview will indicate your continued agreement to take part in this study.** The confidential information you provide in this interview will reflect your experience with inclusive general education placement, social skills, and behaviors of children with whom you work and/or live and inform understanding of inclusion.

If, for any reason, you do not wish to participate in the interview, you may withdraw your input at any time. Information from interviews will be confidentially used in the final paper and reflections of this study which will be supplied for your review.

I thank you in advance for the valuable insights you will share as a result of your participation.

Sincerely,

Jeanne Wiatr

Date _________________

# Appendix D: Interview Questions

These are the questions that were used during the interviews

1. What are your experiences with educational placement of children with whom you have worked diagnosed with ASD?

2. What might be the benefits of inclusion in general education for a child diagnosed with ASD?

3. What might be the challenges of inclusion in general education for a child diagnosed with ASD?

4. As a parent how do you feel social skills of children with ASD, impact their inclusion in general education placements?

5. As a parent how do you feel behavior, for the child diagnosed with ASD, effects their participation in inclusive environments?

6. As a teacher how do you feel social skills of children with ASD, impact their inclusion in general education placements?

7. As a teacher how do you feel behavior, for the child diagnosed with ASD, effects their participation in inclusive environments?

8. As a therapist how do you feel social skills of children with ASD, impact their inclusion in general education placements?

9. As a therapist how do you feel behavior, for the child diagnosed with ASD, effects their participation in inclusive environments?

10. What sort of training, professional development, and information does a regular classroom teacher need to receive to program for a child with ASD?

11. What sort of information and preparation needs to be provided fellow students in a classroom including a child with an ASD diagnosis?

# Appendix E: Journal Format

Please maintain this journal for one week (5 days) after completion of your interview. You may submit the journal by e-mail to jeanne.wiatr@waldenu.edu. You may not have additional input under all topics, complete only those areas to which you wish to add comments.

DATE:

Please think about any recent encounters you had with a child diagnosed with Asperger's Syndrome in an inclusive setting and share any additional thoughts or information that was not covered during our interview.

- Additional reflection about experiences with inclusion:
- Additional thoughts about benefits of inclusion:
- Additional thoughts about challenges to inclusion:
- Additional insight to the impact of social skills in an inclusive setting:
- Additional insight about behaviors effecting inclusion:
- Additional ideas about training, professional development, and information needed by general education classroom teacher receiving a child diagnosed with Asperger's Syndrome:
- Additional ideas about information and preparation of fellow students in classrooms including a child diagnosed with Asperger's Syndrome: